
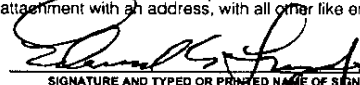


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 10, 2007 8:00 am**  
**Secretary of State**

09-10-2007 90005 003 \*\*\*150.00

<b>DOCUMENT # J47890</b> 1. Entity Name <b>HICKMAN'S BRAKE &amp; ALIGNMENT SERVICE, INC.</b>					
Principal Place of Business <b>919 NORTH U.S. #1, 4TH STREET FORT PIERCE, FL 34950</b>			Mailing Address <b>919 NORTH U.S. #1, 4TH STREET FORT PIERCE, FL 34950</b>		
2. Principal Place of Business - No P.O. Box # <b>6101 Orange Ave</b>		3. Mailing Address <b>6101 Orange Ave.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Ft. Pierce, FL</b>		City & State <b>Ft. Pierce, FL</b>		4. FEI Number <b>59-2748366</b>	
Zip <b>34947</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LEWIS, EDWARD A SR 919 N U.S. #1 4TH STREET FORT PIERCE, FL 34950</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6101 Orange Ave</b> City <b>Ft. Pierce</b> <b>FL</b> Zip Code <b>34947</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LEWIS, EDWARD A JR 3111 SUNRISE BLVD FT. PIERCE, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LEWIS, THOMAS D 908 ANTIGUA AVE. FT. PIERCE, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 				<b>9-25-2007 772464-0399</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	