

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J47890

1. Entity Name
HICKMAN'S BRAKE & ALIGNMENT SERVICE, INC.



Principal Place of Business
6101 ORANGE AVE
FORT PIERCE, FL 34947

Mailing Address
6101 ORANGE AVE
FORT PIERCE, FL 34947

FILED
Jul 09, 2008 08:00 AM
Secretary of State



07032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2748366
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, EDWARD A SR
6101 ORANGE AVE
FORT PIERCE, FL 34947

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEWIS, EDWARD A JR
STREET ADDRESS	3111 SUNRISE BLVD
CITY-ST-ZIP	FT. PIERCE, FL
TITLE	V
NAME	LEWIS, THOMAS D
STREET ADDRESS	908 ANTIGUA AVE.
CITY-ST-ZIP	FT. PIERCE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000953709
07/09/08-80002-018 150.00

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IN THIS SPACE**

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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-08 772-464-0399
Date Daytime Phone #