


2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J95121 1. Entity Name CITY TRANSMISSION & AUTO REPAIRS, INC.	
---	---

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 FEB 23 PM 3:09

Principal Place of Business 4488 NW 6 ST. GAINESVILLE, FL 32609	Mailing Address 4488 NW 6 ST. GAINESVILLE, FL 32609
---	---



02032009 No Chg-P CR2E034 (11/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2857599	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHRISTMANN, THOMAS G. 527 E. UNIVERSITY AVENUE GAINESVILLE, FL 32601

**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 restate) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2009 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LEWIS, FRED H 4488 N.W. 6 ST. GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT DURRANCE, MITCH 4488 NW 6 ST GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

200144229582
02/24/09--01001--018 **150.00

**DO NOT WRITE
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: Fred H. Lewis *[Signature]* 2/12/09 (352) 377-0383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #