

**2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Aug 03, 2010  
Secretary of State**

DOCUMENT# J95121

**Entity Name:** CITY TRANSMISSION & AUTO REPAIRS, INC.

**Current Principal Place of Business:**

4488 NW 6 ST.  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

4488 NW 6 ST.  
GAINESVILLE, FL 32609

**New Mailing Address:**

**FEI Number:** 59-2857599      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHRISTMANN, THOMAS G.  
527 E. UNIVERSITY AVENUE  
GAINESVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PST  
**Name:** LEWIS, FRED H  
**Address:** 4488 N.W. 6 ST.  
**City-St-Zip:** GAINESVILLE, FL 32609

**Title:** VPT  
**Name:** DURRANCE, MITCH  
**Address:** 4488 NW 6 ST  
**City-St-Zip:** GAINESVILLE, FL 32609

**Title:** SEC  
**Name:** LEWIS, EVELYN  
**Address:** 4488 NW 6TH ST.  
**City-St-Zip:** GAINESVILLE, FL 32609

**Title:** TREA  
**Name:** LEWIS, RACHAEL  
**Address:** 4488 NW 6TH ST.  
**City-St-Zip:** GAINESVILLE, FL 32609

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRED LEWIS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

08/03/2010

\_\_\_\_\_  
Date