

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# J95121

FILED
Aug 03, 2010
Secretary of State

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

PRES

08/03/2010

Electronic Signature of Signing Officer or Director

Date