

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L02487 1. Entity Name A-1 ELECTRIC MOTOR SHOP, INC.		
Principal Place of Business % STEVEN L. SWALLOWS 227 W. BERESFORD AVE DELAND, FL 32720-7303	Mailing Address LYNN SWALLOWS 1700 W EUCLID AVE DELAND, FL 32720 US	
DO NOT WRITE IN THIS SPACE		
01042005 No Chg-P CR2E034 (10/03)		
4. FBI Number 59-2959391		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
SWALLOWS, STEVEN L. 227 W. BERESFORD AVE DELAND, FL 32720		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 _____ DATE _____ Signature, typewritten or printed name of registered agent, etc. file if applicable. (N/A, Registered Agent, signature required when renewing)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	DO NOT WRITE IN THIS SPACE
NAME	SWALLOWS, STEVEN L.	
STREET ADDRESS	1700 W. EUCLID AVE	
CITY-ST-ZIP	DELAND, FL	
TITLE	OV	
NAME	SWALLOWS, LYNN W.	
STREET ADDRESS	1700 W. EUCLID AVE	
CITY-ST-ZIP	DELAND, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: <i>Lynn Swallows</i> Lynn Swallows Jan 4 '05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON BLOCK 10 Date Signature Place 9		

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04/14/05-80018-006 150.00