

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L36307

1. Entity Name
AFTER HOURS GARAGE, INC.



Principal Place of Business
**% MARCIA SNELL
1360 N.W. 24TH AVE.
OCALA, FL 32675-5210**

Mailing Address
**PO 2154
OCALA, FL 34478**

DO NOT WRITE IN THIS SPACE



01192006 No Chg-P CRZE034 (11/05)

4. FEI Number
59-1692293

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SNELL, MARCIA
1360 N.W. 24TH AVE.
OCALA, FL 32678**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SNELL, ROBERT C.
STREET ADDRESS	1360 N.W. 24TH AVE.
CITY-ST-ZIP	OCALA, FL
TITLE	ST
NAME	SNELL, MARCIA
STREET ADDRESS	1360 N.W. 24TH AVE.
CITY-ST-ZIP	OCALA, FL
TITLE	VP
NAME	SNELL, THOMAS
STREET ADDRESS	17160 SE 104 AVE
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	T
NAME	SNELL, TIMOTHY
STREET ADDRESS	1360 NW 24 AVE
CITY-ST-ZIP	OCALA, FL 34475
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/06-80011-010 150.00

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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

1-20-06 (352)-629-7711
Date Daytime Phone &