2007 FOR PROFIT CORPORATION ANNUAL REPORT'

DO NOT WRITE IN THIS SPACE

DOCUMENT # L36307

1. Entity Name
AFTER HOURS GARAGE, INC.



FILED Feb 22, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

% MARCIA SNELL 1360 N.W. 24TH AVE. OCALA, FL 32675-5210 PO 2154 OCALA, FL 34478

02162007

No Chg-P

CR2E034 (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

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·				IN	THIS SPACE	
	named entity submits this statement for the prions of registered agent.	urpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and little if	applicable (NOTE Registered	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution.	sing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNELL, ROBERT C. 1360 N.W. 24TH AVE. OCALA, FL				U00000644358	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SNELL, MARCIA 1360 N.W. 24TH AVE. OCALA, FL VP SNELL, THOMAS 17160 SE 104 AVE SUMMERFIELD, FL 34491 T SNELL, TIMOTHY 1360 NW 24 AVE OCALA, FL 34475				03/02/07-80038-023 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			D(DO	O NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-07

(352)-629-77//

Daylime Phone