

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90076 044 ***150.00

DOCUMENT # P01000049695

1. Entity Name
A-1 HONING SERVICE, INC.



Principal Place of Business
**334 #5 ANDALUSIA AVE.
ORMOND BEACH, FL 32174**

Mailing Address
**39 SEA ISLAND DRIVE N
ORMOND BEACH, FL 32176**

40000000



DO NOT WRITE IN THIS SPACE

03152006 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 59-3708190 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**GILMORE, PAUL
39 SEA ISLAND DRIVE
ORMOND BEACH, FL 32176**

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PAUL
GILMORE, PAUL
39 SEA ISLAND DRIVE, N.
ORMOND BEACH, FL 32176**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
GILMORE, BARBARA
39 SEA ISLAND DRIVE, N.
ORMOND BEACH, FL 32176**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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

* **3-28-06**

Date

Daytime Phone #