

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 14, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # P01000049695**

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



**Principal Place of Business  
330 ANDALUSIA AVE  
#7  
ORMOND BEACH, FL 32174**

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



**01052008 No Chg-P CR2E034 (11/05)**

**DO NOT WRITE IN THIS SPACE**

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

**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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$350.00**

**9. Election Campaign Financing  
Trust Fund Contribution. ☐**

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>GILMORE, PAUL</b>
<b>STREET ADDRESS</b>	<b>39 SEA ISLAND DRIVE, N.</b>
<b>CITY-ST-ZIP</b>	<b>ORMOND BEACH, FL 32176</b>
<b>TITLE</b>	<b>ST</b>
<b>NAME</b>	<b>GILMORE, BARBARA</b>
<b>STREET ADDRESS</b>	<b>39 SEA ISLAND DRIVE, N.</b>
<b>CITY-ST-ZIP</b>	<b>ORMOND BEACH, FL 32176</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
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<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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01/16/08-80019-014 150.00

**DO NOT WRITE  
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:**

*Paul Gilmore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-11-08 386-615-0724*

Date

Daytime Phone #