2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000105054 1. Entity Name CITY BOY'S TIRE & BRAKE OF ALACHUA, INC.				FILED O7 MAY -1. PM 12: 56 CFORETABLE IN STATE						
Principal Place	e of Business	Mailing Address			NA TI	ECRETART UP ALLAHASSEE, F	ELORIDA	l		
14570 NW HWY 441 ALACHUA, FL 32615		14570 NW HWY 441 ALACHUA, FL 32615			M					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.						_/ 06)		
City & State		City & State			4. FEI Number 13-4266247				pilea rui t Applical	
Zip	Country	Zip	Country	ountry		of Status Desired		.75 Add		
6. Name and Address of Current Registered Agent					7. Name and	Address of New Reg	istered Age	ent		
ELLISON, JUSTIN W			Name	Name						
14570 NW	HWY 441		Street A	ddress (I	P.O. Box Numb	er is Not Acceptable)				
ALACHUA	, FL 32615									
			City				FL	Zip Cod		
8. The above	gistered office or	register	ed agent or bo	oth, in the State of Floric	· -	-				
	ons of registered agent.	or the perpesse of ortaliging its re-	giotorea emec e	register	ou agont, or oc	on, ar the state of Front	Ja. Tarritan	illiga vviti i,	and acce	
SIGNATURE										
Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE										
Amended AR Is \$61.25 9. Election Campaign Trust Fund Contribu					00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.			/ CHANGES TO OFFIC	ERS AND DI	RECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PVST ELLISON, JUSTIN W 14570 NW HWY 441 ALACHUA, FL 32615	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	145	son, Jus 10 NW t	tin W. twy 441 - 32615	<u> </u>	Change	☐ Addit	
TITLE	TENOTON, TE OEGIO	☐ Delete	TITLE	rice	· mari c	<u> </u>		Change	Addit	
NAME		_ 53.00	NAME					- ,	_	
STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE		, ••••			Change	Addit	
NAME		3000	NAME		4001	030963	_	-		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	09	5/23/07	030963 01013020	**61.25	5		
TITLE		☐ Delete	TITLE				Г] Change	Addit	
NAME		22 00000	NAME				_	2		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE		Delete	TITLE] Change	☐ Addit	
NAME		Detection	NAME				L.	- Unally0		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE] Change	☐ Addit	
NAME		∟ D€l6t6	NAME				_	1 miening		
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
O111-01-4F			QITT-31*ZIF							

12. Thereby 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE THE LOCAL TO THE STATE OF THE STAT

4-14-07 352-281-1523