

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90229 020 ***150.00

40004401

DOCUMENT # P04000006875 1. Entity Name A--FORD-ABLE AUTOMOTIVE SERVICES, INC.			
Principal Place of Business 1416 OLD MOULTRIE ROAD ST. AUGUSTINE, FL 32084 US		Mailing Address 1416 OLD MOULTRIE ROAD ST. AUGUSTINE, FL 32084 US	
2. Principal Place of Business - No P.O. Box # 1465 Old Moultrie Rd		3. Mailing Address 1465 Old Moultrie Rd	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State St. Augustine FL		City & State St. Augustine FL	
Zip 32084		Zip 32084	
Country 		Country 	
4. FEI Number 54-2139780		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 GREENE, TIMOTHY J 2481 DEERWOOD ACRES DRIVE ST. AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May be Added to Fees </div> </div>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME GREENE, TIMOTHY J	TITLE 	NAME
STREET ADDRESS 2481 DEERWOOD ACRES DRIVE	CITY-ST-ZIP ST. AUGUSTINE, FL 32084	STREET ADDRESS 	CITY-ST-ZIP
TITLE VP	NAME MASTERS, BILLY F	TITLE 	NAME
STREET ADDRESS 3881 STATE ROAD 16	CITY-ST-ZIP ST. AUGUSTINE, FL 32092	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
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: x <i>Billy F Masters</i>		4-24-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	