

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000006875

FILED
Apr 23, 2009
Secretary of State

Entity Name: A--FORD-ABLE AUTOMOTIVE SERVICES, INC.

Current Principal Place of Business:

1465 OLD MOULTRIE RD
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

1465 OLD MOULTRIE RD
ST. AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 54-2139780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, TIMOTHY J
2481 DEERWOOD ACRES DRIVE
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GREENE, TIMOTHY J
Address: 2481 DEERWOOD ACRES DRIVE
City-St-Zip: ST. AUGUSTINE,, FL 32084

Title: VP () Delete
Name: MASTERS, BILLY F
Address: 3881 STATE ROAD 16
City-St-Zip: ST. AUGUSTINE, FL 32092 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY GREENE

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date