

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000089264

FILED  
Feb 24, 2011  
Secretary of State

Entity Name: ALTERNATOR & STARTER SPECIALISTS INC.

**Current Principal Place of Business:**

3293 HIGHWAY 17 N  
GREEN COVE SPRINGS, FL 32043 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5  
GREEN COVE SPRINGS, FL 320430005

**New Mailing Address:**

FEI Number: 59-3283637      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ROSENBARKER, MICHAEL K  
3293 HIGHWAY 17 NORTH  
GREEN COVE SPRINGS, FL 32043 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: ROSENBARKER, MICHAEL K  
Address: P.O. BOX #5  
City-St-Zip: GREEN COVE SPRINGS, FL 320430005

Title: VP  
Name: ROSENBARKER, JOHNATHAN M  
Address: P.O. BOX #5  
City-St-Zip: GREEN COVE SPRINGS, FL 320430005

Title: TRES  
Name: ROSENBARKER, MICHAEL K  
Address: P.O. BOX #5  
City-St-Zip: GREEN COVE SPRINGS, FL 320430005

Title: SECT  
Name: ROSENBARKER, KIMBERLY A  
Address: P.O. BOX #5  
City-St-Zip: GREEN COVE SPRINGS, FL 320430005

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL K. ROSENBARKER

PRES

02/24/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date