

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000089264

FILED
Jan 13, 2012
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

01/13/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date