

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000011870

1. Entity Name
GASOLINE ALLEY, INC.



**FILED
Apr 14, 2008 8:00 am
Secretary of State**

04-14-2008 90030 046 ***150.00

Principal Place of Business
**10 SCENIC HWY. S
FROSTPROOF, FL 33843**

Mailing Address

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3497348

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**O'HARA, BOB
10 S. SCENIC HWY.
FROSTPROOF, FL 33843**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE D
NAME O'HARA, SANDRA
STREET ADDRESS 10 S. SCENIC HWY.
CITY-ST-ZIP FROSTPROOF, FL 33843**

**TITLE D
NAME O'HARA, ROBERT
STREET ADDRESS 1202 PINE AVE
CITY-ST-ZIP FROSTPROOF, FL 33843**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Delete

Title

Name

Street Address

City-St-Zip

Change

Addition

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 empowerments.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Date

Daytime Phone #