

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000037741

1. Entity Name

AFTER HOURS GARAGE OF OCALA INC



Principal Place of Business
1101 NW 24TH AVE
OCALA FL 34475

Mailing Address
1101 NW 24TH AVE
OCALA FL 34475



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

4. FEI Number **59-3311328**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

SNELL, ROBERT C
1360 N 24TH AVE
OCALA FL 34475

7. Name and Address of New Registered Agent

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	SNELL, ROBERT C	
STREET ADDRESS	1360 NW 24TH AVE	
CITY-STATE-ZIP	OCALA FL 34475	
TITLE	VP	☐ Delete
NAME	SNELL, THOMAS	
STREET ADDRESS	17160 SE 104 AVE	
CITY-STATE-ZIP	SUMMERFIELD FL 34491	
TITLE	S	☐ Delete
NAME	SNELL, MARCIA	
STREET ADDRESS	PO BOX 2154	
CITY-STATE-ZIP	OCALA FL 34478	
TITLE	T	☐ Delete
NAME	SNELL, TIMOTHY	
STREET ADDRESS	1360 NW 24 AVE	
CITY-STATE-ZIP	OCALA FL 34475	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	000000653255
CITY-STATE-ZIP	03/13/07-80014-019 150.00
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert C. Snell (Pres)

2-27-07

(352)-629-1126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #