



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000037741</b> 1. Entity Name <b>AFTER HOURS GARAGE OF OCALA INC</b>	
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Principal Place of Business <b>1101 NW 24TH AVE OCALA, FL 34475</b>	Mailing Address <b>1101 NW 24TH AVE OCALA, FL 34475</b>
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**DO NOT WRITE IN THIS SPACE**



02192008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3311328</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000842364 03/11/08-80026-020 150.00</b>
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10. OFFICERS AND DIRECTORS

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

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 empowered.

**SIGNATURE:** Robert C Snell (Pres) **2-23-08** **(352)-629-1126**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #