

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000037741

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: AFTER HOURS GARAGE OF OCALA INC

**Current Principal Place of Business:**

1101 NW 24TH AVE  
OCALA, FL 34475

**New Principal Place of Business:**

**Current Mailing Address:**

1101 NW 24TH AVE  
OCALA, FL 34475

**New Mailing Address:**

FEI Number: 59-3311328

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SNELL, ROBERT C  
Address: 1360 NW 24TH AVE  
City-St-Zip: OCALA, FL 34475

Title: VP ( ) Delete  
Name: SNELL, THOMAS  
Address: 17160 SE 104 AVE  
City-St-Zip: SUMMERFIELD, FL 34491

Title: S ( ) Delete  
Name: SNELL, MARCIA  
Address: PO BOX 2154  
City-St-Zip: OCALA, FL 34478

Title: T ( ) Delete  
Name: SNELL, TIMOTHY  
Address: 1360 NW 24 AVE  
City-St-Zip: OCALA, FL 34475

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT SNELL

P

04/30/2009

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

\_\_\_\_\_  
Date