

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

09-09-2005 90028 021 \*\*\*150.00

**DOCUMENT # P98000106635**

1. Entity Name  
**ADVANCED BRAKE & ALIGNMENT, INC.**



Principal Place of Business  
**200 NORTHEAST RACETRACK ROAD  
FORT WALTON BEACH, FL 32547**

Mailing Address  
**200 NORTHEAST RACETRACK ROAD  
FORT WALTON BEACH, FL 32547**

**00065871**



**DO NOT WRITE IN THIS SPACE**

06022005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3549143**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JONES, WENDEL  
JONES ACCOUNTING  
322 23RD ST  
NICEVILLE, FL 32578**

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MATHIS, RONALD D  
200 NORTHEAST RACETRACK ROAD  
FORT WALTON BEACH, FL 32547**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VST  
MATHIS, EDITH E  
200 NORTHEAST RACETRACK ROAD  
FORT WALTON BEACH, FL 32547**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Ronald D Mathis* **RONALD D. MATHIS** 22 Aug. 05 (850) 862-5048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #