## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000106635

1. Entity Name

ADVANCED BRAKE & ALINEMENT, INC.



FILED
May 01,-2006 08:00 AN
Secretary of State

Principal Place of Business

Mailing Address

200 NORTHEAST RACETRACK ROAD FORT WALTON BEACH, FL 32547

200 NORTHEAST RACETRACK ROAD FORT WALTON BEACH, FL 32547



## DO NOT WRITE IN THIS SPACE

01042006 No Chg-P CR2E034 (11/05)

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

1						
8. The above the obliga	e named entity submits this statement for the ptions of registered agent.	ourpose of changing its registere	d office or re	gistered agent, or be	oth, in the State of Florida. I am familiar with, and accep	স
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered				Agent signature required when reinstaing) DATE		
After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financing  \$5.00 May Be Trust Fund Contribution.			U00000557209 05/17/06-80041-005 150.00	
10.	OFFICERS AND DIREC	CTORS		· · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATHIS, RONALD D 200 NORTHEAST RACETRACK ROA FORT WALTON BEACH, FL 32547	D	,			•
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of	ertify that the information supplied with this fill on this report or supplemental report is true a	ing does not qualify for the exem	nptions conta	ined in Chapter 119	). Florida Statutes. I further certify that the information	٦

12. Hereby certify that the information supplied with this filling 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: \( \)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 april 06 (850)862-5048

Daytime Phone #