

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90053 022 ***150.00

DOCUMENT # P98000106635						
1. Entity Name ADVANCED BRAKE & ALINEMENT, 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			
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		Country				
<div style="display: flex; justify-content: space-between;"> 04192007 Chg-P CR2E034 (12/06) </div>						
4. FEI Number 59-3549143				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
JONES, WENDEL JONES ACCOUNTING 322 23RD ST NICEVILLE, FL 32578			Name JAMES WILDER Street Address (P.O. Box Number is Not Acceptable) 102 OAKHILL AVE City FORT WALTON BEACH FL Zip Code 32547			
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, the registered agent.						
SIGNATURE <i>Ronald D Mathis</i> RONALD D. MATHIS OWNER-MGR. 24 April 07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MATHIS, RONALD D 200 NORTHEAST RACETRACK ROAD FORT WALTON BEACH, FL 32547		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <i>Ronald D Mathis</i> RONALD D. MATHIS 24 April 07 862-5048 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						