


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90170 031 ***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
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2. Principal Place of Business - No P.O. Box # 86 Skipper Av Suite, Apt. #, etc.	3. Mailing Address 1019 Highgrove Ct Suite, Apt. #, etc.
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City & State Ft Walton Beach FL	City & State Ft Walton Beach FL
Zip 32547	Zip 32547
Country OKlaOOSA	Country OKlaOOSA

6. Name and Address of Current Registered Agent WILDER, JAMES 102 OAKHILL AVE. FORT WALTON BEACH, FL 32547	
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04242008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3549143	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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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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: *x Donald Mathis* **Ronald Mathis** 4/24/08 850-862-5042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #