

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S25750

FILED
Apr 19, 2009
Secretary of State

Entity Name: ARLINGTON TIRE AND SERVICE CENTER, INC.

Current Principal Place of Business:

5807 MERRILL ROAD
JACKSONVILLE, FL 32211

New Principal Place of Business:

5807 MERRILL ROAD
JACKSONVILLE, FL 32277

Current Mailing Address:

5807 MERRILL ROAD
JACKSONVILLE, FL 32211

New Mailing Address:

5807 MERRILL ROAD
JACKSONVILLE, FL 32277

FEI Number: 59-3043168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, C. HOLT III
3100 UNIVERSITY BLVD S
SUITE 101
JACKSONVILLE, FL 32216 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: D () Delete
Name: PRESTON, ARTHUR D III
Address: 916 GROVE PARK CT
City-St-Zip: JACKSONVILLE, FL

Title: V () Delete
Name: CLARK, CURTIS
Address: 5807 MERRILL ROAD
City-St-Zip: JACKSONVILLE, FL 32277

Title: AV () Delete
Name: PRESTON, DAVID
Address: 1920 DEAN RD, APT #31
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: PRESTON, NINA
Address: 12553 MASTERS RIDGE DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: VSS () Delete
Name: CREWS, PAMELA S
Address: 5807 MERRILL RD.
City-St-Zip: JACKSONVILLE, FL 32277

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:

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: A. D. PRESTON III

D

04/19/2009

Electronic Signature of Signing Officer or Director

Date