2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# V39926

Entity Name: A-1 AUTO SERVICE INC.

Current Principal Place of Business:

17974 MEMORIAL BLUE STAR
QUINCY, FL 32351 US

New Principal Place of Business:

Current Mailing Address:

17974 MEMORIAL BLUE STAR
QUINCY, FL 32351 US

New Mailing Address:

FEI Number: 59-3127689 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SENFT, D KIRT
17974 MEMORIAL BLUE STAR HWY
HWY 90 WEST
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

SENFT, KATHY L
17974 MEMORIAL BLUE STAR HWY
HWY 90 WEST
QUINCY, FL 32351 US

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: KATHY LEE SENFT 04/17/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SENFT, D KIRT
Address: 17974 MEMORIAL BLUE STAR HWY
City-St-Zip: QUINCY, FL 32351

Title: VP ( ) Delete
Name: SENFT, KATHY LEE
Address: 17974 MEMORIAL BLUE STAR WY
City-St-Zip: QUINCY, FL 323515

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: SENFT, KATHY LEE
Address: 17974 MEMORIAL BLUE STAR WY
City-St-Zip: QUINCY, FL 32351

Title: AVP ( ) Change (X) Addition
Name: SENFT, JASON E
Address: 17974 BLUE STAR HWY
City-St-Zip: QUINCY, FL 32351

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: KATHY LEE SENFT RA 04/17/2009
Electronic Signature of Signing Officer or Director Date