

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90177 035 ***158.75

DOCUMENT #616143 1. Entity Name BILL'S AUTOMOTIVE REPAIR OF BOYNTON BEACH, INC.					
Principal Place of Business 425 NE 4TH ST BOYNTON BEACH, FL 33435			Mailing Address 532 SE 28TH AVE #23B BOYNTON BEACH, FL 33435		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HEGSTROM, WILLIAM JR 425 NE 4TH ST BOYNTON BEACH, FL				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	T ← WRONG ☐ Delete HEGSTROM, WILLIAM JR 425 NE 4TH ST BOYNTON BEACH, FL 33435		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(P/V) TITLE ☒ Change ☐ Addition > SAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ☐ Delete HEGSTROM, KELLY 425 N.E. 4TH STREET BOYNTON BEACH, FL 33435		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SIT TITLE ☒ Change ☐ Addition > SAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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>William Hegstrom Jr.</i> WILLIAM HEGSTROM JR.			3/15/06 561-386-0730 561-737-0723		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		