2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #659928

1. Entity Name

FILED Jan 12, 2006 8:00 am Secretary of State

01-12-2006 90200 048 ***150.00

STEARN	S BROS. MOTORS, INC.						
Principal Place of Business 1200 AIRPORT RD S NAPLES, FL 34104		Mailing Address 1200 AIRPORT RD S NAPLES, FL 34104			40001 ⁹⁵²	BK BIRN BIAN BIBN BIA	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102006 Chg-P CR	2E034 (11/05)	
City & State		City & State			4. FEI Number 59-1988115	<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Country	:	5. Certificate of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Curre	ent Registered Agent	Name		7. Name and Address of New Registe	red Agent	<u></u>
STEARNS, ROY							
252 LAMB	TON LANE		Street #	ddress (i	P.O. Box Number is Not Acceptable)		
NAPLES, I	FL 34104			•	,		
			City N	aple		FL ZiqCod	f7
	named entity submits this statementions of registered agent.	nt for the purpose of changing its re	egistered office of	r register	red agent, or both, in the State of Florida. I	am familiar with,	and accept
SIGNATURE.							
524	Signature, typed or printed name of registered as	gent and title if applicable(NOTE: F	Registered Agent signa	ture required	d when reinstating).	NTE SOUTH A PARTY	STEERINGS
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee Will be \$55	9. Election Campaign	n Financing (\$5 Add	00 May Becked to Fees		
10.		ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	
NAME STREET ADDRESS CITY-ST-ZIP	PD STEARNS, ROY G 541-23RD ST SW NAPLES, FL 34117	☐ Delete ∵	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEARNS, SUSAN K 541-23RD ST SW NAPLES, FL 34117	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS Rod 3020 Nap1	G. Stearns O Wilson Blyd. N. les, F1. 34120	☐ Change	₹ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME , STREET ADDRESS CITY-ST-ZIP		,	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP			☐ Change	☐ Addition
NAME TO THE TAX NAME TO THE TA		☐ Delete	TITLE NAME		,	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip			· .	. *
-12 I hereby o	certify that the information supplied	with this filing does not qualify for t	he exemptions of	ontained	in Chapter 119, Florida Statutes, I further	certify that the ir	nformation

-12.-1 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:

NG OFFIGER OR DIRECTOR K. TEAK

1/10/06 239-774-7360

e Daytime Phone #