

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 809762

FILED
Feb 07, 2006
Secretary of State

Entity Name: DARBY AUTOMOTIVE, INC.

Current Principal Place of Business:

5170 S. TAMIAMI TRAIL
P.O. BOX 21479
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

5170 S. TAMIAMI TRAIL
P.O. BOX 21479
SARASOTA, FL 34276

New Mailing Address:

P O BOX 21479
SARASOTA, FL 34276

FEI Number: 59-0715229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DARBY, C. CONRAD III
3616 BENEVA OAKS BV
SARASOTA, FL 34238 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: DT () Delete
Name: DELMORO, SANDRA M
Address: 10234 289TH ST EAST
City-St-Zip: MYAKKA CITY, FL 34251

Title: PD () Delete
Name: FROST, SCOTT F,
Address: 908 BECKLEY DR
City-St-Zip: VENICE, FL

Title: DC () Delete
Name: DARBY, C. CONRAD III,
Address: 3616 BENEVA OAKS BLVD.
City-St-Zip: SARASOTA, FL

Title: DS () Delete
Name: WELLS, ROBIN J
Address: 2380 BROWNING ST.
City-St-Zip: SARASOTA, FL 34237 US

Title: V () Delete
Name: CROSS, MELISSA D
Address: 4245 BREEZEWAY BLVD #2524
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: FROST, SCOTT F,
Address: 220 SORRENTO RANCHES DRIVE
City-St-Zip: NOKOMIS, FL 34275 24

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

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

Title: V (X) Change () Addition
Name: CROSS, MELISSA D
Address: 6460 BLUE GROSBEEK CIRCLE
City-St-Zip: BRADENTON, FL 34202

I hereby certify that the information supplied with this filing does not qualify for the 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: SANDRA M DELMORO

DT

02/07/2006

Electronic Signature of Signing Officer or Director

_____ Date