

**2006 FOR PROFIT CORPORATION,
ANNUAL REPORT**

DOCUMENT # K76153

1. Entity Name
R & B'S AUTO CARE, INC.



Principal Place of Business

P O BOX 640487
BEVERLY HILLS, FL 34464 US

Mailing Address

PO BOX 640487
BEVERLY HILLS, FL 34464-0487 US

DO NOT WRITE IN THIS SPACE

FILED
Apr 18, 2006 08:00 AM
Secretary of State



03202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2938548	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

OLIVER, RICHARD
4459 NORTH LECANTO HIGHWAY
BEVERLY HILLS, FL 34464

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE D
NAME OLIVER, RICHARD
STREET ADDRESS 4459 N LECANTO HIGHWAY
CITY-ST-ZIP BEVERLY HILLS, FL

TITLE D
NAME OLIVER, BARBARA
STREET ADDRESS 4459 N LECANTO HIGHWAY
CITY-ST-ZIP BEVERLY HILLS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000518370
05/02/06-80009-002 158.75

**DO NOT WRITE
IN THIS SPACE**

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: RE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice-President 4-17-06 352-746-7351

Date

Daytime Phone #