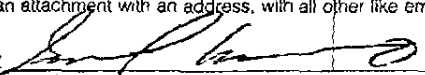


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000001493					
1. Entity Name BOB COLE'S IMPORT AUTOMOTIVE PROFESSIONALS, INC.					
Principal Place of Business 6521 LONG STREET PENSACOLA FL 32504			Mailing Address 6521 LONG STREET PENSACOLA FL 32504		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 26-0006954 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COLE, ROBERT A 8651 RIVERSTONE DRIVE PENSACOLA FL 32583				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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. ☐	
10. OFFICERS AND DIRECTORS					
TITLE	D	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	COLE, ROBERT A		☐ Change ☐ Add		
STREET ADDRESS	8651 RIVERSTONE DRIVE		U00000429839		
CITY-ST-ZIP	PENSACOLA FL 32583		02/22/06-80024-008 150.00		
TITLE	VP	☐ Delete			
NAME	COLE, SHEILA D		☐ Change ☐ Add		
STREET ADDRESS	8651 RIVERSTONE DR				
CITY-ST-ZIP	PENSACOLA FL 32583				
TITLE	ST	☐ Delete			
NAME	COLE, HEATHER L		☐ Change ☐ Add		
STREET ADDRESS	8651 RIVERSTONE DR				
CITY-ST-ZIP	PENSACOLA FL 32583				
TITLE		☐ Delete			
NAME			☐ Change ☐ Add		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME			☐ Change ☐ Add		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME			☐ Change ☐ Add		
STREET ADDRESS					
CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **GABRIEL MORENO** 2-10-06 858-978-9580