

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90163 048 ***150.00

DOCUMENT # P00000061954

1. Entity Name
B&B AUTO PARTS ENTERPRISES INC.



Principal Place of Business

**810 W. 1ST ST.
SANFORD, FL 32771**

Mailing Address

**810 W. 1ST ST.
SANFORD, FL 32771**

40065283



04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3669304

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STAHL, ROBERT A
810 W. 1ST ST.
SANFORD, FL 32771**

**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 PD
NAME STAHL, ROBERT A
STREET ADDRESS 810 W. 1ST ST.
CITY-ST-ZIP SANFORD, FL 32771

TITLE VD
NAME STAHL, BRYAN T
STREET ADDRESS 810 W. 1ST ST.
CITY-ST-ZIP SANFORD, FL 32771

TITLE STD
NAME STAHL, NORMA
STREET ADDRESS 810 W. 1ST ST.
CITY-ST-ZIP SANFORD, FL 32771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMA STAHL

4/21/06

Date

407) 322-5044

Daytime Phone #