

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 A
Secretary of State

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**



04122007

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, 2007 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	

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IN THIS SPACE**

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05/01/07-80100-003 150.00

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

BRYAN STAHL

4/13/07

Date

407) 322-5044

Daytime Phone #