

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 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**



04112008 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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000909248
05/06/08-80062-017 150.00**

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

BRYAN T. STAHL

04-12-08

Date

Daytime Phone #

407-322-5044