2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 26, 2006 8:00 am
Secretary of State
04-26-2006 90208 036 ***150.00

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1. Entity Name
BOB ALFORD'S PRO STREET CUSTOMS AND AUTO RESTORATIONS, INC.

Principal Place of Business	Mailing Address
1280 N. ORANGE AVE. WINTER PARK, FL 32789	1280 N. ORANGE AVE. WINTER PARK, FL 32789

2. Principal Place of Business	3. Mailing Address
7850 N. Orange Blossom Trail	7850 N. OBT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FL	City & State: Orlando FL
Zip: 32810 Country: Orange	Zip: 32810 Country: O

4. FEI Number: 59-3654385 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALFORD, ROBERT A
1280 N. ORANGE AVE.
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 7850 N. Orange Blossom Trail
City: Orlando FL Zip Code: 32810

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALFORD, ROBERT A 1280 N. ORANGE AVE. WINTER PARK, FL 32789 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 7850 N. Orange Blossom Trail Orlando, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Robert A. Alford 4-24-06 407 291-3331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #