2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 25,
Secre

DOCUMENT # P00000085019

1. Entity Name
B & W AUTO, INC.

Principal Place of Business	Mailing Address
1803 THIRD ST. SW WINTER HAVEN, FL 33880	1643 THIRD ST. SW WINTER HAVEN, FL 33880

DO NOT WRITE IN THIS SPACE

04222005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3670332
☐ Applied For
☐ Not Applicable

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

5. Name and Address of Current Registered Agent

WORKMAN, MICHAEL E
CLARK, CAMPBELL & MAWHINNEY, P.A.
600 SOUTH FLORIDA AVENUE, STE 800
LAKELAND, FL 33801

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6. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	SCHAFFNER, STEVEN
STREET ADDRESS	1803 3RD ST SW
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	VPD
NAME	LUDDEN, ALAND
STREET ADDRESS	1803 4RD ST SW
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	SD
NAME	COTHRON, GARY
STREET ADDRESS	1803 - 3RD ST SW
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	TD
NAME	MITCHELL, JAMES
STREET ADDRESS	1803 3RD ST SW
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/05-80091-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4-20-05 8632991216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #