

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000087465**

1. Entity Name  
**B & R AUTOMOTIVE, INC.**



Principal Place of Business  
**9200 SW COUNTY RD. 484  
OCALA, FL 34481**

Mailing Address  
**9200 SW COUNTY RD. 484  
OCALA, FL 34481**



04272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3673324**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ALLENE STEPHENS  
8162 SW 103RD PL.  
OCALA, FL 34481-7755**

**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 **ALLENE STEPHENS** *Allene Stephens*

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**

**U000000748725  
05/17/07-80080-008 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	STEPHENS, SIDNEY
STREET ADDRESS	8162 SW 103RD PL.
CITY-ST-ZIP	OCALA, FL 344817755
TITLE	VDST
NAME	STEPHENS, ALLENE
STREET ADDRESS	8162 SW 103RD PL.
CITY-ST-ZIP	OCALA, FL 344817755
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: **ALLENE STEPHENS** *Allene Stephens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-07**

Date

**352-854-9970**

Daytime Phone #