

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90153 016 ***150.00

DOCUMENT # P01000037799

1. Entity Name
A & C BEARING CO.



Principal Place of Business
**2705 54TH AVE. NORTH, SUITE 8
ST. PETERSBURG, FL 33714**

Mailing Address
**2705 54TH AVE. NORTH, SUITE 8
ST. PETERSBURG, FL 33714**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02232006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3713673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOYER, CHRISTOPHER W
2705 54TH AVE. NORTH, SUITE 8
ST. PETERSBURG, FL 33714**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
**P
MOYER, FRANCES W
10901 JOHNSON BLVD J-314
SEMINOLE, FL 33772** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/S/D
Moyer, Christopher W.
2705 54th Ave. No., Suite 8
St. Petersburg, FL 33714** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MOYER, CHRISTOPHER W
7401 35TH AVE NO
SAINT PETERSBURG, FL 33710** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP/D
Moyer, Lance
2705 54th Ave. No., Suite 8
St. Petersburg, FL 33714** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DEBYSINGH, BEVERLY
1627 SADDLE CREEK CIRCLE
ARLINGTON, TX 76015** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T/D
Moyer, Cindy
2705 54th Ave. No., Suite 8
St. Petersburg, FL 33714** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Christopher W. Moyer
3/06/06 727-528-0992