


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000055366

1. Entity Name
DOUG LENZ AUTO ELECTRIC, INC.



Principal Place of Business Mailing Address

561 NORTH RIDGEWOOD AVENUE **561 NORTH RIDGEWOOD AVENUE**
DAYTONA BEACH, FL 32114 **DAYTONA BEACH, FL 32114**



03022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
56-2360894 Not Applicable

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

6. Name and Address of Current Registered Agent

LENZ, DOUGLAS F
561 NORTH RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114

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

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

U00000468548
03/24/06-80035-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LENZ, DOUGLAS F
STREET ADDRESS	2935 FOXCROFT LANE
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119
TITLE	D
NAME	LENZ, BETTY K
STREET ADDRESS	2935 FOXCROFT LANE
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119
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: *Douglas F. Lenz* **Douglas F. Lenz, PSTD** **3/2/06** **(386) 254-8160**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #