



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90009 040 ***150.00

DOCUMENT # P04000048228		
1. Entity Name BILL & SONS AUTO CENTER, INC.		
Principal Place of Business 10 S BABCOCK STREET MELBOURNE, FL 32901		Mailing Address 10 S BABCOCK STREET MELBOURNE, FL 32901
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GIBBENS, HARLEY W PD 10 S BABCOCK STREET MELBOURNE, FL 32901		 01302006 No Chg-P CR2E034 (11/05) 4. FEI Number 16-1697658 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIBBENS, WILLIAM A SR 23 DALE AVE MELBOURNE, FL 32935	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBENS, KATHRYN S 23 DALE AVE MELBOURNE, FL 32935	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIBBENS, HARLEY W 210 CHARLES CT SATELLITE BEACH, FL 32937	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>Harley W Gibbens</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>Feb 6 2006</i> 321 779-2162 Daytime Phone #

HARLEY GIBBENS