


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90031 019 ***150.00

DOCUMENT # P05000072104 1. Entity Name B & L AUTO REPAIR, INC.					
Principal Place of Business 337 FRIDAY RD QUINCY, FL 32352			Mailing Address 337 FRIDAY RD QUINCY, FL 32352		
2. Principal Place of Business - No P.O. Box # 567 FRIDAY RD.		3. Mailing Address 567 FRIDAY RD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State QUINCY, FL		City & State QUINCY, FL		4. FEI Number 20-2862907	
Zip 32352		Country GADSDEN		Applied For <input type="checkbox"/> Not Applicable	
Zip 32352		Country GADSDEN		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANGSTON, WARREN BRENT 337 FRIDAY RD QUINCY, FL 32352				7. Name and Address of New Registered Agent 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 _____ (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. <input type="checkbox"/> \$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 LANGSTON, WARREN BRENT 567 FRIDAY RD QUINCY, FL 32352 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 information.					
SIGNATURE: <i>Warren Brent Langston</i>			4-3-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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