



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90031 017 \*\*\*158.75

<b>DOCUMENT # P05000112699</b> 1. Entity Name <b>A&amp;B AUTO PAINT &amp; SUPPLY, INC.</b>					
Principal Place of Business <b>3972 MAURICE DRIVE DELRAY BEACH, FL 33445</b>				Mailing Address <b>3972 MAURICE DRIVE DELRAY BEACH, FL 33445</b>	
2. Principal Place of Business <b>1499 S.W. 30th AVE</b>		3. Mailing Address <b>1499 S.W. 30th AVE</b>			
Suite, Apt. #, etc. <b>SUITE 5</b>		Suite, Apt. #, etc. <b>SUITE 5</b>			
City & State <b>BOYNTON BEACH, FL</b>		City & State <b>BOYNTON BEACH, FL</b>			
Zip <b>33426</b>		Country <b>USA</b>		02112006 Chg-P CR2E034 (11/05)	
4. FEI Number <b>20-3335850</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>FIORINI, ANGELO JR. 3972 MAURICE DRIVE DELRAY BEACH, FL 33445</b>	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P FLANAGAN, BRIAN 14852 WHATLEY RD DELRAY BEACH, FL 33445</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VP FIORINI, ANGELO JR. 3972 MAURICE DRIVE DELRAY BEACH, FL 33445</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<b>SIGNATURE: <u>Brian Flanagan</u> BRIAN FLANAGAN</b>				<b>2/14/06</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	