


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90093 022 ***158.75

DOCUMENT # P06000078183 1. Entity Name BANFIELD AUTO SUPPLY INC.																											
Principal Place of Business 3201B MINNESOTA AVE. LYNN HAVEN, FL 32405 US		Mailing Address 3201B MINNESOTA AVE. LYNN HAVEN, FL 32405 US																									
2. Principal Place of Business - No P.O. Box # 3201B Minnesota Ave Suite, Apt. #, etc. B		3. Mailing Address 3201B Minnesota Ave Suite, Apt. #, etc. B																									
City & State Panama City FL Zip 32405 Country Bay		City & State Panama City FL Zip 32405 Country Bay																									
4. FEI Number 204992930		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01082007 Chg-P CR2E034 (12/06)																									
6. Name and Address of Current Registered Agent BANFIELD, MICHAEL A 1114 NEW HAMPSHIRE AVE LYNN HAVEN, FL 32444		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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>																											
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																									
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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 like empowered.																											
SIGNATURE <i>Michael A. Banfield</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/12/07 Daytime Phone # 850-265-3664																									