

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000005474

FILED  
Apr 06, 2006  
Secretary of State

Entity Name: SUNBRITE AUTO WORKS, INC.

**Current Principal Place of Business:**

3924 WEST CREST AVE  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

3924 WEST CREST AVE.  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 59-3161910      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ROBEY, SCOTT CPA  
100 S. ASHLEY DR  
#1650  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MURPHREE, ROBERT E P  
Address: 13806 CHERRY CREEK DR  
City-St-Zip: TAMPA, FL 33618

Title: S ( ) Delete  
Name: MURPHREE, SUZETTE G S  
Address: 13805 CHERRY CREEK DRIVE  
City-St-Zip: TAMPA, FL 33618

Title: TS (X) Delete  
Name: ZERBE, ALAN W TS  
Address: 11020 HWY 301  
City-St-Zip: THONOTOSASSA, FL 33592

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZETTE G. MURPHREE

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04/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date