

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000071741

1. Entity Name
BALDWIN MOTOR PARTS & ACCESSORIES, INC.



Principal Place of Business

1055 US 301 SOUTH
BALDWIN, FL 32234

Mailing Address

1055 US 301 SOUTH
BALDWIN, FL 32234

DO NOT WRITE IN THIS SPACE



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3204380

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MALONEY, FRANK E
445 E MACCLENNY AVE
1
MACCLENNY, FL 32063

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VD
NAME MEREDITH, TROY E
STREET ADDRESS 4079 CR 119
CITY-ST-ZIP BRYCEVILLE, FL 32009

TITLE PD
NAME MEREDITH, KATHY K
STREET ADDRESS 4079 CR 119
CITY-ST-ZIP BRYCEVILLE, FL 32009

TITLE SD
NAME STOKES, KAY B
STREET ADDRESS 3998 CR 119
CITY-ST-ZIP BRYCEVILLE, FL 32009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000520756
05/02/06-80106-016 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06

Date

904/813-4933

Daytime Phone #