## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

## DOCUMENT # P94000025865 1. Entity Name PINE RIDGE AUTO PARTS & SALES, INC.



**FILED** Apr 24, 2006 08:00 AN Secretary of State

Principal Place of Business 853 VANDERBELT BCH RD #264 NAPLES, FL 34108 US

STREET ADDRESS CRTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS Mailing Address

853 VANDERBELT BCH RD #264 NAPLES, FL 34108 US



DO NOT WRITE IN THIS SPACE		04202006 No Chg-P  4. FEI Number 65-0481611  5. Certificate of Status Desired	CR2E034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			rea Nedonea	
DAYE, HOLLY 853 VANDERBELT BCH RD #264 NAPLES, FL 34108		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 Finance Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS  ILITE D  NAME DAYE, HOLLY  STREET ADDRESS 853 VANDERBELT BCH #264  NAPLES, FL 34108		and the second s		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			)528722 -80047-023 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DO NOT WI	<del>-</del>	
NAME	<b>f</b>	IN THIS SP	AUE	

12. I hereby certify that the information supplied with this filling 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 attackment with an address, with all other like empowered.

SIGNATURE:

ED OR PROTED NAME OF SIGNING OFFICER OR DIRECTOR