

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90203 030 \*\*\*150.00

**DOCUMENT # P94000034250**

1. Entity Name

LENNY AND SONS ENGINE REPAIR, INC.



Principal Place of Business

102 W. CRYSTAL LAKE STREET  
SUITE F  
ORLANDO FL 32806

Mailing Address

102 W. CRYSTAL LAKE STREET  
SUITE F  
ORLANDO FL 32806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3245599

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIJEAU, LEONARD  
102 W. CRYSTAL LAKE STREET  
ORLANDO FL 32806

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

*Paula M. Bijean*

(NOTE: Registered Agent signature required when reinstating)

4/20/06

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	BIJEAU, PAULA	
STREET ADDRESS	2710 TALLADEGA DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	BIJEAU, PAULA	
STREET ADDRESS	2710 TALLADEGA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BIJEAU, LENNY	
STREET ADDRESS	2710 TALLADEGA DR	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DOWDY, PHIL	
STREET ADDRESS	4692 SUTTON TERR	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Paula M. Bijean*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06

Date

Daytime Phone #