

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90391 037 ***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 - No P.O. Box # Suite L LENNY & SONS AUTO REPAIR 4990 S. Orange Avenue Orlando, Florida 32806	3. Mailing Address Suite L LENNY & SONS AUTO REPAIR P. O. Box 568333 Orlando, Florida 32856-8333
City & State Orlando, Florida 32806	City Orlando, Florida 32856-8333
Zip 32806	Country USA

1st MOORE CR2E034 (10/06)

4. FEI Number 59-3245599		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BIJEAU, LEONARD 102 W. CRYSTAL LAKE STREET ORLANDO FL 32806		7. Name and Address of New Registered Agent Name Leonard Bijeau Street Address (P.O. Box Number is not acceptable) 4990 S. Orange Ave. City Orlando FL 32806

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 *Leonard Bijeau* DATE 4/10/07

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST BIJEAU, PAULA 2710 TALLADEGA DRIVE ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BIJEAU, LENNY 2710 TALLADEGA DR ORLANDO FL 32826 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>VP</i> BIJEAU, GREG 2710 TALLADEGA DR ORLANDO FL 32826 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>X</i> Greg Bijeau 2710 Talladega Dr Orl, FL 32826 <i>VP</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 another like empowered.

SIGNATURE: *Paula m. Bijeau* Paula m. Bijeau 4/10/07 407-246-0009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #