

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90031 029 ***150.00

DOCUMENT # P94000034250
 1. Entity Name
 LENNY AND SONS ENGINE REPAIR, INC.



Principal Place of Business Mailing Address
 4990 S. ORANGE AVENUE 4990 S. ORANGE AVENUE
 ORLANDO FL 32806 SUITE F
 ORLANDO FL 32806



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. P.O. Box 568333
 Suite, Apt. #, etc. Orlando, Florida
 City & State City & State

1st MOORE CR2E034 (10/07)

4. FEI Number 59-3245599 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
 Zip Country 32856-8333 Orange

6. Name and Address of Current Registered Agent
 BIJEAU, LEONARD
 4990 S. ORANGE AVE.
 ORLANDO FL 32806

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when certifying)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	ST	<input type="checkbox"/> Delete
NAME	BIJEAU, PAULA	
STREET ADDRESS	2710 TALLADEGA DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BIJEAU, LENNY	
STREET ADDRESS	2710 TALLADEGA DR	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BIJEAU, GREG	
STREET ADDRESS	2710 TALLADEGA DR	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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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 names empowered.

SIGNATURE: Paula M. Bijau 4/1/08 407-855-7882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designation