

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000089264

1. Entity Name
ALTERNATOR & STARTER SPECIALISTS INC.



Principal Place of Business
**3293 HIGHWAY 17 N
GREEN COVE SPRINGS, FL 32043 US**

Mailing Address
**3293 HIGHWAY 17 NORTH
GREEN COVE SPRINGS, FL 32043**



p1182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3283637

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROSENBARKER, MICHAEL K
3293 HIGHWAY 17 NORTH
GREEN COVE SPRINGS, FL 32043**

**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 re-registering) 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	PD
NAME	ROSENBARKER, MICHAEL K
STREET ADDRESS	3293 HIGHWAY 17 N
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	VP
NAME	ROSENBARKER, KIMBERLY A
STREET ADDRESS	3293 HIGHWAY 17 NORTH
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/16/06-80026-003 150.00

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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:

Michael K. Rosenbarker, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/06
Date

Daytime Phone #