


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 Mailing Address

**3293 HIGHWAY 17 N
 GREEN COVE SPRINGS, FL 32043 US** **3293 HIGHWAY 17 NORTH
 GREEN COVE SPRINGS, FL 32043**

DO NOT WRITE IN THIS SPACE



p1182006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3283637 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**

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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 _____ (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 | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 02/01/06

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