


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90496 046 ***150.00

DOCUMENT # P96000028910 1. Entity Name AAA BEARING & SUPPLY CO., INC.						
Principal Place of Business 41 RAMONA STREET PONTE VEDRA BEACH, FL 32082			Mailing Address 41 RAMONA STREET PONTE VEDRA BEACH, FL 32082			
2. Principal Place of Business <i>3501 N. Ponce De Leon Blvd.</i>		3. Mailing Address <i>3501 N. Ponce De Leon Blvd.</i>				
Suite, Apt. #, etc. <i>B374</i>		Suite, Apt. #, etc. <i>B374</i>				
City & State <i>St. Augustine, FL</i>		City & State <i>St. Augustine, FL</i>				
Zip <i>32082</i>		Country <i>USA</i>		Zip <i>32084</i>		
Country <i>USA</i>		Country <i>USA</i>				
4. FEI Number 59-3382228			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 KENNON; CYNTHIA-T 41 RAMONA STREET PONTE VEDRA BEACH, FL 32082			7. Name and Address of New Registered Agent Name <i>Ronald C. Kennon</i> Street Address (P.O. Box Number is Not Acceptable) 41 Ramona St <i>3501 N Ponce De Leon Blvd</i> <i>B374</i> City <i>St. Augustine</i> FL Zip Code <i>32084</i>			
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 <i>Cynthia Kennon Pres.</i> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	V KENNON, RONALD C 41 RAMONA STREET PONTE VEDRA BEACH, FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	President R Kennon, Ronald C. <i>3501 N. Ponce De Leon Blvd.</i> <i>B374, St. Augustine, FL 32084</i>	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	P KENNON, CYNTHIA 41 RAMONA ST PONTE VEDRA BEACH, FL 32082		<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
(Empty row for Officers and Directors)						
(Empty row for Additions/Changes)						
(Empty row for Additions/Changes)						
(Empty row for Additions/Changes)						
(Empty row for Additions/Changes)						
(Empty row for Additions/Changes)						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Ronald Kennon</i> Ronald Kennon <i>4/29/05</i> <i>904-5043430</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						