## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000044107

FILED Apr 11, 2005 Secretary of State

Entity Name: A & A QUALITY LAWNMOWER AND SMALL ENGINE REPAIR OF NAVARRE INCORPORATED

urrent F	Principal Place	of Business:	New Principal Place	of Business:
	RKEY BLUFF R E, FL 32566	D.		
Current Mailing Address:		New Mailing Address:		
	RKEY BLUFF R E, FL 32566	D.		
El Number	r: 59-3380038	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	d Address of (	Current Registered Agent:	Name and Address o	of New Registered Agent:
167 SŤIL	IEYWARD L LWATER CO\ E. FL 32566	/E US		
	L, 1 L 02000	33		
he above	•		ourpose of changing its registered	d office or registered agent, or both,
he above	e named entity e of Florida.	submits this statement for the		d office or registered agent, or both,
the above the Stat	e named entity e of Florida. RE: Electro	submits this statement for the nic Signature of Registered Ag		d office or registered agent, or both,  Date
The above the Stat SIGNATU	e named entity re of Florida. RE: Electroi impaign Financin	submits this statement for the nic Signature of Registered Ag	ent	Date
The above the Stat SIGNATU	e named entity e of Florida. RE: Electro	submits this statement for the nic Signature of Registered Ag	ent	
The above the Stat SIGNATU	e named entity e of Florida.  RE: Electrol  Impaign Financin	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution ( ).  TORS:  Delete	ent	Date
he above the Stat  IGNATU  lection Ca  PFFICER  tte: ame: ddress:	e named entity e of Florida.  RE:  Electrol  Impaign Financin  S AND DIRECT  P ( SEALE, NEDR. 8167 STILLWA NAVARRE, FL	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution ( ).  TORS:  Delete A P  TER COVE  Delete ARD L.	ent  ADDITIONS/CHANGI  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMANDA GARNIER TS 04/11/2005