


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90074 021 ***150.00

DOCUMENT # P97000101415					
1. Entity Name NAPLES BUMPER & AUTO BODY SUPPLY, INC.					
Principal Place of Business 1017 FIFTH AVENUE NORTH NAPLES FL 34102			Mailing Address 1017 FIFTH AVENUE NORTH NAPLES FL 34102		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 59-3482220	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAVIELLO, MICHAEL A ESQ. 1025 FIFTH AVENUE NORTH NAPLES FL 34102				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	TURSTEKIN, EDWARD				
STREET ADDRESS	1017 4TH AVE NORTH				
CITY-ST-ZIP	NAPLES FL 34102				
TITLE	V	<input type="checkbox"/> Delete			
NAME	TURESTEKIN, BRAD				
STREET ADDRESS	1017 4TH AVE NORTH				
CITY-ST-ZIP	NAPLES FL 34102				
TITLE	ST	<input type="checkbox"/> Delete			
NAME	TURETZKIN, JOY				
STREET ADDRESS	1017 4TH AVE NORTH				
CITY-ST-ZIP	NAPLES FL 34102				
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TURETZKIN, EDWARD				
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TURETZKIN, BRAD				
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
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 like empowered.

SIGNATURE: Edward Turetzkin **EDWARD TURETZKIN** 2/16/06 239-262-6955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #