


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90399 040 ***150.00

DOCUMENT # P98000008260

1. Entity Name
J & L TRANS PARTS, INC. DBA Sunbelt Valve Body & Solenoid



Principal Place of Business Mailing Address
9900 N DALE MABRY TAMPA FL 33618 **9900 N DALE MABRY TAMPA FL 33618**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent
ROBERSON, JEFF
9900 N DALE MABRY
TAMPA FL 33618

4. FEI Number **59-3489673** Applied For Not Applicable

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

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 *Leilani Roberson* DATE 4/24/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPT President	<input type="checkbox"/> Delete
NAME	ROBERSON, JEFF	
STREET ADDRESS	9900 N DALE MABRY	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	DVS Secretary	<input type="checkbox"/> Delete
NAME	ROBERSON, LEILANI	
STREET ADDRESS	9900 N DALE MABRY	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Aick Romo	
STREET ADDRESS	10019 Parley Dr	
CITY-ST-ZIP	Tampa, FL 33625	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Fabian Romo	
STREET ADDRESS	11016 Wingate Dr.	
CITY-ST-ZIP	Tampa FL 33624	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Leilani Roberson* DATE 4/24/06 DAYTIME PHONE # 901-5560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR