

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90065 044 ***150.00

DOCUMENT # P98000008260
 1. Entity Name
 J & L TRANS PARTS, INC. ** DBA Sunbelt Valve Body & Solenoid*



Principal Place of Business
 9900 N DALE MABRY
 TAMPA FL 33618

Mailing Address
 9900 N DALE MABRY
 TAMPA FL 33618



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

1st MOORE CR2E034 (10/06)

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

7. Name and Address of New Registered Agent
 Name: *Roberson Keilani*
 Street Address (P.O. Box Number is Not Acceptable): *9900 N Dale Mabry Hwy*
 City: *Tampa* FL Zip Code: *33618*

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: *[Signature]* *Keilani Roberson* DATE: *4/2/07*
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, 2007 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	P	<input type="checkbox"/> Delete
NAME	ROBERSON, JEFF	
STREET ADDRESS	9900 N DALE MABRY	
CITY - ST - ZIP	TAMPA FL 33618	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROBERSON, LEILANI	
STREET ADDRESS	9900 N DALE MABRY	
CITY - ST - ZIP	TAMPA FL 33618	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROMO, RICK	
STREET ADDRESS	10019 PARLEY DR	
CITY - ST - ZIP	TAMPA FL 33625	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROMO, FABIAN	
STREET ADDRESS	110169 WINGATE DR	
CITY - ST - ZIP	TAMPA FL 33621	
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
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* DATE: *3/14/07* DAYTIME PHONE #: *961-5560*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR