## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** DOCUMENT # P99000103248 Apr 06, 2006 08:00 AM Secretary of State 1. Entity Name S & B AUTO SALES, INC. Principal Place of Business Mailing Address 3400 HAVENDALE BLVD 3400 HAVENDALE BLVD WINTER HAVEN, FL 33881 WINTER HAVEN, FL 33881 No Chg-P 04042006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3621082 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BROOKS, SADIE** DO NOT WRITE 1520 40TH STREET NW WINTER HAVEN, FL 33881 IN THIS SPACE 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fce will be \$550.00 10. OFFICERS AND DIRECTORS **PST** TITLE NAME BROOKS, SADIE STREET ADDRESS 1520 40TH ST. NW CITY-ST-ZIP WINTER HAVEN, FL 33881 TIBE NAME U00H00494437 04/20/06-80046-005 150.00 STREET ADDRESS CITY-ST-ZIP भारत NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE mze NAME STREET ADDRESS CITY-ST-ZIP THE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

4-4-06 863-965-0406 Date Dayling Phone 8