2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006
Secretary of State

DOCUMENT# V34537

Entity Name: JOHN'S AUTO PARTS OF BUNNELL, INC.

Current Principal Place of Business:

36 WINCHESTER ROAD
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

36 WINCHESTER ROAD
ORMOND BEACH, FL 32174

New Mailing Address:

P.O.BOX 1984
BUNNELL, FL 32110

FEI Number: 59-3128739 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KASTNER, JOHN G
36 WINCHESTER ROAD
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KASTNER, JOHN G,
Address: 36 WINCHESTER ROAD
City-St-Zip: ORMOND BCH, FL

Title: VP ( ) Delete
Name: CORBRAN, JAMES
Address: 66 ZEBULALH TR
City-St-Zip: PALM COAST, FL

Title: VP ( ) Delete
Name: KASTNER, ERIC
Address: 500 SHADOWLAKES BLVD #62
City-St-Zip: ORMAOND BCH, FL

Title: ST ( ) Delete
Name: ALLMAN, NATALIE
Address: P.O. BOX 1973
City-St-Zip: BUNNELL, FL

Title: AS ( ) Delete
Name: KASTNER, JOHN J
Address: P.O. BOX 1984
City-St-Zip: BUNNELL, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: NATALIE ALLMAN ST 07/14/2006

Electronic Signature of Signing Officer or Director Date