2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Teb 10, 2000 00.00 AM			
	MENT # V55333	-			Secreta	ry of S	State
1. Entity Name LUBRICATION SPECIALIST, INC.							
Principal Plac	ce of Business M	ailing Address		1			
370 W. COCOA BCH CSWY PO BOX 542804							
COCOA BCH,	.FL 32931 US 1	MERRITT ISLAND, FL. 32954-2	804 05	1			
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_				01052006	No Chg-P	CR2E034 (1	1/05)
	OO NOT WRITE II	n this spar	CE	4. FEI Numb	Der Der		Applied For
			* . *	59-313	35999		Not Applicab
	- 			5. Certificate	e of Status Desired		5 Additional tequired
	Name and Address of Current Regis	tered Agent				· · · · · · · · · · · · · · · · · · ·	
BALDWIN	, CALVIN DOUGLAS			- 00	NOT W	DITE	
370 W COCOA BCH CSWY COCOA BCH, FL 32931							
COLOAB	CH, FL 32931		. —…	IN '	THIS SP	ACE	
	named entity submits this statement for the p	ourpose of changing its register	sd office or register	ed agent, or bo	oth, in the State of Flor	ida. 1 am familia	r with, and accep
the colligat	tions of registered agent.						
SIGNATURE	Signature, typed or printed name of registered agent and ritio	if applicable. (NOTE Registere	d Agent signature required	f when reinstating)		OATE	
P11	E MOVEMENT EDE 10 4450 00-	9. Election Campaign Financing \$5.		.00 May Be (U)(0)(10)436750			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				02/28/06-80014-002 150.00			
10.	OFFICERS AND DIREC	OTORS	1				-
TITLE NAME	OPST BALDWIN, DEBRA		-			-	
STREET ADDRESS	370 W. COCOA BCH, CSWY.,		``		m		
CITY-ST-ZIP	COCOA BCH., FL		1 -	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
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STREET ADDRESS CITY-ST-DP							
TITLE			1				
NAME			1				
STREET ADORESS CITY-ST-ZIP	,		1		-		
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12. I hereby certify that the information supplied with this firing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cath; 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:

TITLE NAME STREET AUDITESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SKINING OFFICER OR DIRECTOR

2/10/06 321-789-973)
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