

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855913

FILED
Jan 05, 2006
Secretary of State

Entity Name: BEARINGS & DRIVES, INC.

Current Principal Place of Business:

607 LOWER POPLAR ST.
MACON, GA 31201

New Principal Place of Business:

Current Mailing Address:

PO BOX 4325
MACON, GA 31208 US

New Mailing Address:

FEI Number: 58-0536016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DYALS, BRIAN BR MGR
401 SW 33RD AVE
OCALA, FL 34474 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: NATIONS, MICHAEL T
Address: 607 LOWER POPLAR ST
City-St-Zip: MACON, GA 31201

Title: VP () Delete
Name: SHARP, HAROLD
Address: 607 LOWER POPLAR STREET
City-St-Zip: MACON, GA 31201

Title: PRES () Delete
Name: NATIONS, ANDREW H PRES
Address: 607 LOWER POPLAR STREET
City-St-Zip: MACON, GA 31201

Title: VP () Delete
Name: GAINEY, HOWARD
Address: 607 LOWER POPLAR ST
City-St-Zip: MACON, GA

Title: VP () Delete
Name: MILLER, LINDA S
Address: 607 LOWER POPLAR ST
City-St-Zip: MACON, GA 31201

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: CHM () Change (X) Addition
Name: NATIONS, JOHN
Address: 607 LOWER POPLAR ST.
City-St-Zip: MACON, GA 31201

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: RUSS PRUITT

CONT

01/05/2006

Electronic Signature of Signing Officer or Director

_____ Date