

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # J90406
 1. Entity Name
SPECIALTY PARTS, INC.



Principal Place of Business Mailing Address
 4145 WHIDDEN BLVD. #7 % FRANK A. LENHARDT
 4145 WHIDDEN BLVD #7 4145 WHIDDEN BLVD #7
 PORT CHARLOTTE FL 33980 PORT CHARLOTTE FL 33980
 US



2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number Applied For
65-0042565 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LENHARDT, FRANK A.
4145 WHIDDEN BLVD
UNIT 7
PORT CHARLOTTE FL 33980

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 FRANK A LENHARDT DATE 1/31/06
Signature typed or printed name of registered agent and file if applicable Registered Agent signature required when reinstating

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LENHARDT, FRANK A.	
STREET ADDRESS	RT 18021 LEETANA RD	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LENHARDT, SHERYL L.	
STREET ADDRESS	18021 LEE TANA RD	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LENHARDT, JASON A	
STREET ADDRESS	4145 WHIDDEN BLVD. #7	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	U00000414370	
CITY-ST-ZIP	02/11/06-80034-018 150.00	
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
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: FRANK A LENHARDT DATE: 1/31/06 DAYTIME PHONE #: 941-625-3453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #