

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J90406

FILED  
Feb 16, 2011  
Secretary of State

Entity Name: SPECIALTY PARTS, INC.

**Current Principal Place of Business:**

4145 WHIDDEN BLVD. #7  
4145 WHIDDEN BLVD #7  
PORT CHARLOTTE, FL 33980 US

**New Principal Place of Business:**

**Current Mailing Address:**

4145 WHIDDEN BLVD. #7  
4145 WHIDDEN BLVD #7  
PORT CHARLOTTE, FL 33980 US

**New Mailing Address:**

FEI Number: 65-0042565      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LENHARDT, FRANK A.  
4145 WHIDDEN BLVD  
UNIT 7  
PORT CHARLOTTE, FL 33980 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LENHARDT, FRANK A.  
Address: 4145 WHIDDEN BLVD #7  
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: V  
Name: LENHARDT, SHERYL L.  
Address: 4145 WHIDDEN BLVD #7  
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: T  
Name: LENHARDT, JASON A  
Address: 4145 WHIDDEN BLVD. #7  
City-St-Zip: PORT CHARLOTTE, FL 33980

I hereby 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 all other like empowered.

SIGNATURE: FRANK LENHARDT

PRES

02/16/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date