


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # K58137
 1. Entity Name
BAKER PARTS AND SUPPLY, INC



Principal Place of Business Mailing Address
 1304 GEORGIA AVE PO BOX 157
 BAKER, FL 32531 US BAKER, FL 32531 US

DO NOT WRITE IN THIS SPACE



02172004 No Chg-P CR2E034 (10/03)

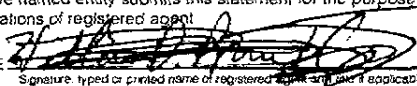

4. FEI Number Applied For
 59-2925982 Not Applicable

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

6. Name and Address of Current Registered Agent
 BRUNSON, JOSEPH M.
 CORNER OF 16TH ST. AND MONROE AVENUE
 BAKER, FL 32536

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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:  DATE: 

Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

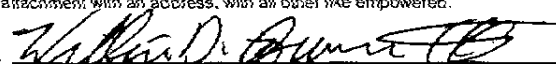

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCT BRUNSON, JOSEPH M. 5760 MONROE STREET BAKER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BRUNSON, WILLIAM D. 7589 PEACOCK RD. BAKER, FL 32531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRUNSON, ROCHELLE 5760 MONROE STREET BAKER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/29/04-00008-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  DATE:  Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR