2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 19, 2005 08:00 AM Secretary of State **DOCUMENT # 249695** 1. Entity Name GROOM'S AUTO PARTS AND MACHINE SHOP, INC. Principal Place of Business Mailing Address INC 8614 NEBRASKA AVE. INC: 8614 NEBRASKA AVE. **TAMPA FL 33604 TAMPA FL 33604** 2. Principal Place of Business. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State 4. FEI Number City & State NO-T APPLICABLE Not Applicable Country Zio **\$8.75** Additional Ζlp Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLAGG, CHESTER Street Address (P.O. Box Number is Not Acceptable) 8614 NEBRASKA AVE TAMPA FL 33604 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5,00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition Change TITLE ☐ Delete HILE U00000235690 FLAGG, CHESTER NAME NAME 02/19/05-80015-012 150.00 STREET ADDRESS 8614 NEBRASKA AVE STREET ADDRESS TAMPA FL 33604 CLT Y - ST - Za-CITY-ST-ZIP ☐ Change Addition DIEF ☐ Delete TITLE BEN RISINGER III AME NAME STREET ADDRESS STREET ADDRESS 8518 NORTH HIGHLAND AVE CHY-SI-ZIP CITY-ST-ZIP TAMPA FL Change Addition Delete HILE SDT NAME BRIAN FLAGG NAME STREET ADORESS STREET ADDRESS 8614 NEBRASKA AVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Change Addition ☐ Delete DAG TITLE DONALD FLAGG NAME NAME 8614 NEBRASKA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP Change ☐ Addition ☐ Delete OHE HHE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7P CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete 11111 THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

wident Chester Ringa 2/8/65

FILED