

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J90406

**FILED  
Feb 11, 2019  
Secretary of State  
0775657815CC**

**Entity Name:** SPECIALTY PARTS, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 65-0042565

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

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

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

Title T  
Name LENHARDT, JASON A  
Address 4145 WHIDDEN BLVD. #7  
City-State-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

**PRESIDENT**

**02/11/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date