

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 137269

FILED
Feb 04, 2009
Secretary of State

Entity Name: HI-WAY AUTO PARTS CO.

Current Principal Place of Business:

4509 LAFAYETTE ST
MARIANNA, FL 32447 US

New Principal Place of Business:

4509 LAFAYETTE ST
MARIANNA, FL 32446 US

Current Mailing Address:

PO BOX 9579
PANAMA CITY BEACH, FL 324179579 US

New Mailing Address:

FEI Number: 59-0292027 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENINGS, FOSTER L.
6120 BEACH DRIVE
PANAMA CITY BEACH, FL 32408 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PHILLIPS, MONICA J.,
Address: 1511 CONNECTICUT AVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: VD () Delete
Name: JENINGS, FOSTER L. J, R.
Address: 1907 SCARLETT BLVD
City-St-Zip: LYNN HAVEN, FL 32444

Title: STD () Delete
Name: JENINGS, RAYMOND K.,
Address: 3305 COUNTRY CLUB DR
City-St-Zip: LYNN HAVEN, FL 32444

Title: C () Delete
Name: JENINGS, FOSTER L.,
Address: 6120 BEACH DRIVE
City-St-Zip: PANAMA CITY, FL 324083529

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FOSTER L. JENINGS

CEO

02/04/2009

Electronic Signature of Signing Officer or Director

_____ Date