

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 151554

Entity Name: PARTS DEPOT, INC.

FILED
Apr 02, 2009
Secretary of State

Current Principal Place of Business:

2177 DALE AVE., S.E.
ROANOKE, VA 24013

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13785
ROANOKE, VA 24013 US

New Mailing Address:

FEI Number: 59-0570642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: D () Delete
Name: OLSON, ROLLANCE E
Address: 2177 DALE AVE., S.E.
City-St-Zip: ROANOKE, VA 24013

Title: COB () Delete
Name: DELL, GLEN
Address: 255 ARAGON AVENUE, STE. 300
City-St-Zip: CORAL GABLES, FL 33134

Title: CFO () Delete
Name: CLARK, RICHARD
Address: 2177 DALE AVE.
City-St-Zip: ROANOKE, VA 24013

Title: CEOP () Delete
Name: ALEXANDER, WILLIAM E D
Address: 6002 CAVALIER DR
City-St-Zip: ROANOKE, VA

Title: D () Delete
Name: REALA, BOB
Address: 255 ARAGON AVE STE 300
City-St-Zip: MIAMI, FL 33134

Title: D () Delete
Name: GLOSSON, BUSTER C
Address: 255 ARGON AVE. SUITE 300
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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

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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: RICHARD CLARK

CFO

04/02/2009

Electronic Signature of Signing Officer or Director

Date