

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90005 035 ***550.00

DOCUMENT # 165394 1. Entity Name PERRY AUTO SUPPLY INC					
Principal Place of Business 1107 S. JEFFERSON P.O. BOX 580 PERRY, FL 32347			Mailing Address 1107 S. JEFFERSON P.O. BOX 580 PERRY, FL 32347		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRANT, DONALD E. 1107 S. JEFFERSON ST. P.O. BOX 580 PERRY, FL 32347				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	TS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRANT, CARLYEN R		NAME		
STREET ADDRESS	100 PINE TREE RD		STREET ADDRESS		
CITY-ST-ZIP	PERRY, FL 32347		CITY-ST-ZIP		
TITLE	C		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRANT, DONALD E		NAME		
STREET ADDRESS	100 PINE TREE RD.		STREET ADDRESS		
CITY-ST-ZIP	PERRY, FL 32347		CITY-ST-ZIP		
TITLE	P		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRANT, WILLIAM R.		NAME		
STREET ADDRESS	206 PINELAND ST.		STREET ADDRESS		
CITY-ST-ZIP	PERRY, FL 32347		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>William R Grant</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

54070766



08192004 Chg-P CR2E034 (10/03)

4. FEI Number **59-0649186** Applied For ☒ Not Applicable ☐

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