

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 195026

FILED  
Jan 11, 2008  
Secretary of State

Entity Name: ST JOE AUTO PARTS COMPANY INCORPORATED

**Current Principal Place of Business:**

C R LAMBERSON, JR  
201 LONG AVE  
PORT ST JOE, FL 32456 US

**New Principal Place of Business:**

**Current Mailing Address:**

C R LAMBERSON, JR  
201 LONG AVE  
PORT ST JOE, FL 32456 US

**New Mailing Address:**

FEI Number: 59-0791900      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LAMBERSON, C R JR  
201 LONG AVE.  
PORT ST JOE, FL 32456 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: DV ( ) Delete  
Name: LAMBERSON, C R,  
Address: 143 WESTCOTT CIRCLE  
City-St-Zip: PORT SAINT JOE, FL 324561639

Title: DPT ( ) Delete  
Name: LAMBERSON, C.R. JR,  
Address: 2000 MARVIN AVENUE  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D ( ) Delete  
Name: LAMBERSON, CONNIE S  
Address: 2000 MARVIN AVENUE  
City-St-Zip: PORT SAINT JOE, FL 32456

**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:

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: C R LAMBERSON

VP

01/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date