

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 195026

FILED
Jan 14, 2009
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: DV (X) Change () Addition
Name: LAMBERSON, C R,
Address: 143 WESTCOTT CIRCLE
City-St-Zip: PORT SAINT JOE, FL 324561639 US

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

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

DV

01/14/2009

Electronic Signature of Signing Officer or Director

Date