2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 210394

FILED Jan 13, 2005 Secretary of State

Entity Name: AUTO SUPPLY COMPANY OF VERO BEACH INC

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
2400-12TH VERO BE	HAVE ACH, FL 3296	05001		
Current N	lailing Addres	ss:	New Mailing Address	s:
2400-12TH VERO BE	HAVE ACH, FL 3296	05001		
FEI Number	: 59-0824160	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
	Y AVE RCE, FL 3498			
605 ĤOLL FORT PIE The above	Y AVE RCE, FL 3498		ourpose of changing its registered	d office or registered agent, or both,
605 ĤOLL FORT PIE The above	Y AVE RCE, FL 3498 named entity e of Florida.		ourpose of changing its registered	d office or registered agent, or both,
605 HOLL FORT PIE The above in the State	Y AVE RCE, FL 3498 named entity e of Florida. RE:			d office or registered agent, or both, Date
605 HOLL FORT PIE The above in the State SIGNATUI	Y AVE RCE, FL 3498 named entity e of Florida. RE: Electror	submits this statement for the բ		
605 HOLL FORT PIE The above in the State SIGNATUE	Y AVE RCE, FL 3498 named entity e of Florida. RE: Electror	submits this statement for the particles of Registered Against Fund Contribution ().	ent	
605 HOLL FORT PIE The above in the State SIGNATUE	Y AVE RCE, FL 3498 e named entity e of Florida. RE: Electror mpaign Financin S AND DIREC	submits this statement for the partic Signature of Registered Age of Trust Fund Contribution (). TORS: Delete	ent	Date

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GLENN COX VP 01/13/2005