

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 216159
 1. Entity Name
B & F AUTO PARTS INC OF PALMETTO



Principal Place of Business: **5112 US HWY 41 NORTH PALMETTO FL 34221-8098**
 Mailing Address: **5112 US HWY 41 NORTH PALMETTO FL 34221-8098**



MOORE CR2E034 (11/03)

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-0854406**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURCH, BAXTER
5112 U.S. HIGHWAY 41 NORTH
PALMETTO FL 34221

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
 NAME **BURCH, BAXTER**
 STREET ADDRESS **5112 HWY 41N**
 CITY-ST-ZIP **PALMETTO FL**

Change Addition
 U00000017491
 01/28/04-80097-015 158.75

TITLE **VP** Delete
 NAME **BURCH, MATTHEW**
 STREET ADDRESS **5112 HWY 41**
 CITY-ST-ZIP **PALMETTO FL**

Change Addition

TITLE **ST** Delete
 NAME **BURCH, CHRISTOPHER**
 STREET ADDRESS **5112 HWY N**
 CITY-ST-ZIP **PALMETTO FL**

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

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: *[Signature]* **B.A. Burch** Date: **1/21/04** Phone: **941-722-6279**