

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 18, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 226526**

1. Entity Name  
**INDEPENDENT PARTS WAREHOUSE, INC.**



Principal Place of Business

**5433 BUFFALO AVE  
JACKSONVILLE, FL 32208**

Mailing Address

**5433 BUFFALO AVE  
JACKSONVILLE, FL 32208**

**DO NOT WRITE IN THIS SPACE**



02162004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-0873641**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HITZING, E W  
5433 BUFFALO AVE  
JACKSONVILLE, FL 32208**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U00000055879  
02/18/04-80022-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	HITZING, E W
STREET ADDRESS	5433 BUFFALO AVE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	TD
NAME	DAVIS, RAYMOND
STREET ADDRESS	5433 BUFFALO AVE
CITY-ST-ZIP	JACKSONVILLE, FL 00000,
TITLE	SD
NAME	DAVIS, SHARON
STREET ADDRESS	5433 BUFFALO AVE
CITY-ST-ZIP	JACKSONVILLE, FL 00000,
TITLE	VD
NAME	HITZING, MABLE
STREET ADDRESS	5433 BUFFALO AVE
CITY-ST-ZIP	JACKSONVILLE, FL 00000,
TITLE	PD
NAME	HITZING, AG
STREET ADDRESS	5433 BUFFALO AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* 2/17/2004 904 353 0962