

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90332 049 ***150.00

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	
2. Principal Place of Business 21918 CR 239 North		3. Mailing Address P.O. Box 328			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Alachua, FL		City & State Alachua, FL			
Zip 32616		Country USA		4. FEI Number 59-0873641	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HITZING, E W 5433 BUFFALO AVE JACKSONVILLE, FL 32208				7. Name and Address of New Registered Agent Name Hitzing, E W Street Address (P.O. Box Number is Not Acceptable) P.O. Box 328 City FL Zip Code 32616	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HITZING, E W 5433 BUFFALO AVE JACKSONVILLE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, RAYMOND 5433 BUFFALO AVE JACKSONVILLE, FL 00000,	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, SHARON 5433 BUFFALO AVE JACKSONVILLE, FL 00000,	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HITZING, MABLE 5433 BUFFALO AVE JACKSONVILLE, FL 00000,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HITZING, AG 5433 BUFFALO AVENUE JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HITZING, A.G. 5433 BUFFALO AVE JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D/S/T Hitzing, E W P.O. Box 328 Alachua, FL 32616	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 328 Alachua, FL 32616	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2445 Harper St. Jacksonville, FL 32204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2445 Harper St. Jacksonville, FL 32204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 # _____					

4-27-6-386-
462-2153