

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 226526

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: INDEPENDENT PARTS WAREHOUSE, INC.

## Current Principal Place of Business:

21918 CR 239 NORTH  
ALACHUA, FL 32616

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 328  
ALACHUA, FL 32616

## New Mailing Address:

FEI Number: 59-0873641

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HITZING, E W  
21918 CR 239 NORTH  
ALACHUA, FL 32616 US

## Name and Address of New Registered Agent:

HITZING, ELLIS W  
21918 CR 239 NORTH  
ALACHUA, FL 32616 US

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: ELLIS W HITZING

04/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CDST ( ) Delete  
Name: HITZING, E W  
Address: PO BOX 328  
City-St-Zip: ALACHUA, FL 32616

Title: VD ( ) Delete  
Name: HITZING, MABLE  
Address: PO BOX 328  
City-St-Zip: ALACHUA, FL 32616

Title: PD ( ) Delete  
Name: HITZING, AG  
Address: 2445 HARPER ST  
City-St-Zip: JACKSONVILLE, FL 32204

Title: AS ( ) Delete  
Name: HITZING, A.G.  
Address: 2445 HARPER ST  
City-St-Zip: JACKSONVILLE, FL 32204

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDST (X) Change ( ) Addition  
Name: HITZING, ELLIS W  
Address: PO BOX 328  
City-St-Zip: ALACHUA, FL 32616

Title: VD (X) Change ( ) Addition  
Name: HITZING, MABEL  
Address: PO BOX 328  
City-St-Zip: ALACHUA, FL 32616

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ELLIS W HITZING

CDST

04/01/2009

Electronic Signature of Signing Officer or Director

Date