


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 231595 1. Entity Name S AND S AUTO PARTS, INC.	
---	---

Principal Place of Business 804 AVE M, SE PO BOX 2038 WINTER HAVEN, FL 33880	Mailing Address 804 AVE M, SE PO BOX 2038 WINTER HAVEN, FL 33880
---	---

DO NOT WRITE IN THIS SPACE



07132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0897357	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAFFER, EDWARD M
 107 6TH ST. JAN PHYL VILLAGE
 WINTER HAVEN, FL 33880

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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SHAFFER, ANN B 804 AVE. M. SE. WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SHAFFER, ANN B 804 AVE. M. SE. WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHAFFER JR, EDWARD M. 107 6TH ST. WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

UNIQUE0376086
08/10/05-80003-023 1571.00

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: Edward M. Shaffer Jr Pres 8-5-05 863-2944193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 EDWARD M. SHAFFER JR PRES