

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 234046

1. Entity Name
ARLINGTON AUTO PARTS INCORPORATED



Principal Place of Business
1325 UNIVERSITY BOULEVARD, N.
JACKSONVILLE, FL 32211

Mailing Address
1325 UNIVERSITY BOULEVARD, N.
JACKSONVILLE, FL 32211

FILED
Feb 26, 2004 08:00 AM
Secretary of State



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0881682

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HITZING, DOUGLAS M.
1819 PLEASANTVIEW COURT
JACKSONVILLE, FL 32225

**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 \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000067719
02/27/04-80011-009 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HITZING, DOUGLAS M.
STREET ADDRESS 1819 PLEASANTVIEW COURT
CITY- ST- ZIP JACKSONVILLE, FL

TITLE VSD
NAME HITZING, JEFFREY G
STREET ADDRESS 4285 EAGLES VIEW LANE
CITY- ST- ZIP JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
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STREET ADDRESS
CITY- ST- ZIP

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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)(f), 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:

Douglas M. Hitzing 2/24/04 (904) 7433232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #