


FILED
Apr 06, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 237710 1. Entity Name MARIANNA AUTO PARTS & SUPPLY COMPANY, INC.		
Principal Place of Business 4486 LAFAYETTE ST MARIANNA, FL 32446 US	Mailing Address PO BOX 5837 MARIANNA, FL 32447-0270 US	
<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>		



04022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0907650	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEVENS, RONALD L.
2513 SPRING CREEK ROAD
MARIANNA, FL 32446

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relocating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000104479 04/06/04-80013-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	STEVENS, RONALD L
STREET ADDRESS	2513 SPRING CREEK ROAD
CITY-ST-ZIP	MARIANNA, FLORIDA 00000,
TITLE	VD
NAME	SPENCE, WALTER W JR
STREET ADDRESS	2774 INDIAN SPRING RD
CITY-ST-ZIP	MARIANNA, FLORIDA 00000,
TITLE	TD
NAME	SPENCE, ELIZABETH H
STREET ADDRESS	2774 INDIAN SPRING RD
CITY-ST-ZIP	MARIANNA, FLORIDA 00000,
TITLE	SD
NAME	STEVENS, MARY C.
STREET ADDRESS	2513 SPRING CREEK ROAD
CITY-ST-ZIP	MARIANNA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.