


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 237710 1. Entity Name MARIANNA AUTO PARTS & SUPPLY COMPANY, INC.	
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Principal Place of Business 4486 LAFAYETTE ST MARIANNA, FL 32446 US	Mailing Address PO BOX 5837 MARIANNA, FL 32447-0270 US
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0907650	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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	DP STEVENS, RONALD L 2513 SPRING CREEK ROAD MARIANNA, FLORIDA 00000.
TITLE NAME STREET ADDRESS CITY ST ZIP	VD SPENCE, WALTER W JR 2774 INDIAN SPRING RD MARIANNA, FLORIDA 00000.
TITLE NAME STREET ADDRESS CITY ST ZIP	TD SPENCE, ELIZABETH H 2774 INDIAN SPRING RD MARIANNA, FLORIDA 00000.
TITLE NAME STREET ADDRESS CITY ST ZIP	SD STEVENS, MARY C. 2513 SPRING CREEK ROAD MARIANNA, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

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 01/07/05-80011-007 150.00

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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.

SIGNATURE: Mary C. Stevens 1-5-05 850-526-3330
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #