2007 FOR PROFIT CORPORATION

Jan 18, 2007 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT #237710** 01-18-2007 90092 033 ***150.00 1. Entity Name MARIANNA AUTO PARTS & SUPPLY COMPANY, INC. Principal Place of Business Mailing Address PO BOX 5837 .40000 4486 LAFAYETTE ST MARIANNA. FL 32446 MARIANNA, FL 32447-0270 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01162007 CR2E034 (12/06) Cha-P Applied For City & State City & State 4. FEI Number 59-0907650 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEVENS, RONALD L. Street Address (P.O. Box Number is Not Acceptable) 2513 SPRING CREEK ROAD MARIANNA, FL 32446 City Zip Code 8. The above named effitiy 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change STEVENS, RONALD L NAME NAME STREET ADORESS 2513 SPRING CREEK ROAD STREET ADDRESS CITY-ST-ZIP MARIANNA, FLORIDA 00000, CiTY-ST-ZIP VD TITLE Delete TITLE SPENCE, WALTER W JR NAME NAME STREET ADDRESS 2774 INDIAN SPRING RD STREET ADDRESS CITY-ST-ZIP MARIANNA, FLORIDA 00000, CITY-ST-ZIP TD TITLE ☐ Delete TITLE SPENCE, ELIZABETH H NAME NAME STREET ADDRESS 2774 INDIAN SPRING RD STREET ADDRESS CHTY-ST-ZIP MARIANNA, FLORIDA 00000, CITY-ST-ZIP ☐ Delete TID E STEVENS, MARY C. NAME NAME 2513 SPRING CREEK ROAD STREET ADDRESS STREET AODRESS MARIANNA, FL CITY-ST-ZIP CITY-ST-ZIP 32448 ☐ Delete TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 charged, or on an attachment with an address, with all other like empowered.

CITY-ST-7IP

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

mounte. maria SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01

526-3330

FILED