

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 237710

**FILED**  
**Apr 23, 2009**  
**Secretary of State**

**Entity Name:** MARIANNA AUTO PARTS & SUPPLY COMPANY, INC.

**Current Principal Place of Business:**

4486 LAFAYETTE ST  
MARIANNA, FL 32446 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5837  
MARIANNA, FL 32446

**New Mailing Address:**

P.O. BOX 5837  
MARIANNA, FL 32447 US

**FEI Number:** 59-0907650      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEVENS, RONALD L.  
2513 SPRING CREEK ROAD  
MARIANNA, FL 32448 US

**Name and Address of New Registered Agent:**

STEVENS, MARY CATHERINE  
2513 SPRING CREEK ROAD  
MARIANNA, FL 32448 US

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.

SIGNATURE: MARY CATHERINE STEVENS      04/23/2009  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: STEVENS, RONALD L  
Address: 2513 SPRING CREEK ROAD  
City-St-Zip: MARIANNA, FL 32448

Title: VD ( ) Delete  
Name: SPENCE, WALTER W JR  
Address: 2774 INDIAN SPRING RD  
City-St-Zip: MARIANNA, FL 32446

Title: TD ( ) Delete  
Name: SPENCE, ELIZABETH H  
Address: 2774 INDIAN SPRING RD  
City-St-Zip: MARIANNA, FL 32446

Title: SD ( ) Delete  
Name: STEVENS, MARY C.  
Address: 2513 SPRING CREEK ROAD  
City-St-Zip: MARIANNA, FL 32448

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DS (X) Change ( ) Addition  
Name: STEVENS, RONALD L  
Address: 2513 SPRING CREEK ROAD  
City-St-Zip: MARIANNA, FL 32448

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: STEVENS, MARY C.  
Address: 2513 SPRING CREEK ROAD  
City-St-Zip: MARIANNA, FL 32448

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY CATHERINE STEVENS      PRES      04/23/2009  
Electronic Signature of Signing Officer or Director      Date