

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # 248884

1. Entity Name
SIMPSON AUTO PARTS INC



Principal Place of Business
**17256 MAIN STREET N
BLOUNTSTOWN, FL 32424**

Mailing Address
**17256 MAIN STREET N
BLOUNTSTOWN, FL 32424**



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0946599

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SIMPSON, DAVID H
17256 MAIN STREET N
BLOUNTSTOWN, FL 32424**

**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, 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	PD
NAME	SIMPSON, DAVID H
STREET ADDRESS	17256 MAIN ST NO
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424
TITLE	D
NAME	SIMPSON, WILLIAM
STREET ADDRESS	17256 MAIN ST N
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424
TITLE	D
NAME	SIMPSON, STEVEN P
STREET ADDRESS	17256 MAIN ST N
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424
TITLE	D
NAME	SIMPSON, MARIE
STREET ADDRESS	17256 MAIN ST N.
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
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)(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:

Marie Simpson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIE SIMPSON

Date

850-614-5958

01-13-05

Daytime Phone #