

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 265969 1. Entity Name BUNNELL AUTO SUPPLY COMPANY INC	
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Principal Place of Business 119 NORTH BAY ST P.O. BOX 955 BUNNELL, FL 32110	Mailing Address 119 NORTH BAY ST P.O. BOX 955 BUNNELL, FL 32110
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DO NOT WRITE IN THIS SPACE

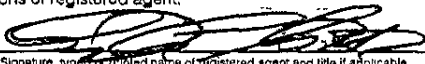
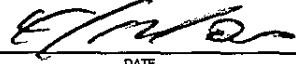


02172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0996516	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent SMITH, EDWARD LEE 301 S. STONE STREET BUNNELL, FL 32110	DO NOT WRITE IN THIS SPACE
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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.

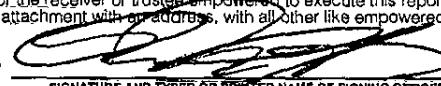
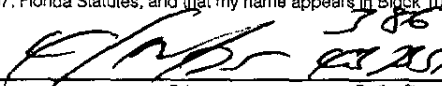
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: 

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000308844 04/16/05-80013-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, EDWARD LEE 301 S. STONE STREET BUNNELL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMITH, MARTHA J. 301 S. STONE STREET BUNNELL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(j), 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:  Date:  Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR