

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 273244 1. Entity Name PARTS AND SUPPLY, INC.	
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Principal Place of Business 1100 N MONROE ST TALLAHASSEE, FL 32303 US	Mailing Address 7784 CORNUCOPIA LANE TALLAHASSEE, FL 32308
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DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1007624	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SYFRETT, JERRY T.
7784 CORNUCOPIA LANE
TALLAHASSEE, FL 32308

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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 _____ (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
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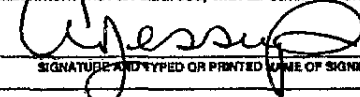
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SYFRETT, JERRY T 1100 N MONROE ST TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SYFRETT, THOMAS F 1100 NORTH MONROE ST. TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JESSUP, ANDREA S 1100 N MONROE ST TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SYFRETT, LOUISE N 1100 N MONROE ST TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

400000338755
04/28/05-80048-013 150.00

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 507, 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:  ANDREA S. JESSUP 4/26/05 8505240523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #