

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 273244

1. Entity Name
PARTS AND SUPPLY, INC.



Principal Place of Business
1100 N MONROE ST
TALLAHASSEE, FL 32303 US

Mailing Address
7784 CORNUCOPIA LANE
TALLAHASSEE, FL 32308

FILED
Jul 11, 2008 08:00 AM
Secretary of State



07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SYFRETT, JERRY T
STREET ADDRESS 1100 N MONROE ST
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE VD
NAME SYFRETT, THOMAS F
STREET ADDRESS 1100 NORTH MONROE ST.
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE STD
NAME JESSUP, ANDREA S
STREET ADDRESS 1100 N MONROE ST
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE STD
NAME SYFRETT, LOUISE N
STREET ADDRESS 1100 N MONROE ST
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000954183
07/11/08-80002-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-08 (850)8933200

Date

Daytime Phone #