

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 288135

1. Entity Name
MILTON AUTO PARTS CO INC



Principal Place of Business
**6632 ELVA STREET
MILTON, FL 32570 US**

Mailing Address
**P O BOX 755
MILTON, FL 32572 US**



02082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1086201

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BATES, J HUGH
4725 GERI ST
MILTON, FL 32570**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000633586
02/21/07-80067-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOK, J SCOTT 4641 LIVE OAK LANE PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BATES, J HUGH 4725 GERI ST. MILTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BATES, LEONARD H. 6528 LAKESHORE DR. MILTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TEMPLETON, BARBARA B. 4701 GERI ST. MILTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOK, M CRAIG 4701 GERIST MILTON, FL 32583
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 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: *Barbara Templeton Tres. Barbara Templeton 2-7-07 858-623-3472*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #