

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 291554

FILED
Apr 20, 2004
Secretary of State

Entity Name: JAC MAC AUTO PARTS, INC.

Current Principal Place of Business:

890 NE DIXIE HWY
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

890 NE DIXIE HWY
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number: 59-1106783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLENDON, ROBERT J.
1548 NE 21ST TERRACE
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCLENDON, DENISE
Address: 746 N.E. RIVER TERR.
City-St-Zip: JENSEN BEACH, FL

Title: SD () Delete
Name: NOVARRO, LISA
Address: 746 N.E. RIVER TERR.
City-St-Zip: JENSEN BEACH, FL

Title: TD () Delete
Name: PATTON, THERESA
Address: 1548 NE 21ST TERR.
City-St-Zip: JENSEN BEACH, FL

Title: MD () Delete
Name: MCLENDON, ROBERT J.
Address: 1548 NE 21ST TERR.
City-St-Zip: JENSEN BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. MCLENDON

MD

04/20/2004

Electronic Signature of Signing Officer or Director

Date