


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 295948 1. Entity Name MAYPORT MOTOR PARTS INC	
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Principal Place of Business 2825 MAYPORT ROAD ATLANTIC BEACH, FL 32233	Mailing Address 2825 MAYPORT ROAD ATLANTIC BEACH, FL 32233
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02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1116866	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PARMAN, ELSIE INMAN 1820 SEVILLA BLVD, #105 ATLANTIC BEACH, FL 32233	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 the registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	03/01/04-80049-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARMAN, ELSIE 1820 SEVILLA BLVD #105 ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARMAN, HAROLD II 1900 SEMINOLE RD ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARMAN, PAMELA 1900 SEMINOLE RD. ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2-25-04 <small>Date</small>	904 246-4805 <small>Daytime Phone #</small>
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