

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 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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02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1116866	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$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**

6. 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 removing.) DATE:

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

8. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S PARMAN, ELSIE 1820 SEVILLA BLVD #105 ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P PARMAN, HAROLD II 1900 SEMINOLE RD ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T PARMAN, PAMELA 1900 SEMINOLE RD. ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

1000000455203
03/15/06-80045-025 150.00

**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: Pamela Parman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 24 2006 901246480
Date Daytime Phone #