

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 308011
 1. Entity Name
STRADLEY AUTO PARTS INC



Principal Place of Business 416 MAIN STREET TITUSVILLE, FL 32796	Mailing Address 416 MAIN STREET TITUSVILLE, FL 32796
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DO NOT WRITE IN THIS SPACE

FILED
Aug 27, 2008 08:00 AM
Secretary of State



08252008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1153460	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
ZINSMEISTER, GARY A.
416 MAIN ST
TITUSVILLE, FL 32796

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZINSMEISTER, GARY A. 416 MAIN ST TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, JAMES Q. 530 ORADELL TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 08/27/08-80003-015 550.00

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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: *Gary A. Zinsmeister* 8-25-08 321-267-4542
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #