

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90059 035 \*\*\*150.00

**DOCUMENT # 333974**  
 1. Entity Name  
**ORLANDO AUTO PARTS & SERVICE INC**



Principal Place of Business      Mailing Address  
**1092 B E MICHIGAN STREET**      **1092 B E MICHIGAN STREET**  
**ORLANDO FL 32806**      **ORLANDO FL 32806**

**J4033916**



MOORE      CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address  
**20 W. LUCERNE CIR.**      **20 W. LUCERNE CIR**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**#609**      **#609**  
 City & State      City & State  
**ORLANDO, FL**      **ORLANDO, FL**  
 Zip      Country      Zip      Country  
**32801**      **USA**      **32801**      **USA**

4. FEI Number      Applied For  
**59-1220607**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**PASKIN, SAM**  
**1092 B EAST MICHIGAN STREET**  
**ORLANDO FL 32806**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City      **FL**      Zip Code \_\_\_\_\_

I, 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 reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	PASKIN, SYLVIA	
STREET ADDRESS	1092 B EAST MICHIGAN ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PASKIN, STEVEN	
STREET ADDRESS	20152 GLACIER CIRCLE	
CITY-ST-ZIP	HUNTINGTON BEACH CA 92646	
TITLE	D	<input type="checkbox"/> Delete
NAME	PASKIN, RICHARD	
STREET ADDRESS	601 ELMWOOD	
CITY-ST-ZIP	WILMETTE, ILL 00000	
TITLE	PVD	<input type="checkbox"/> Delete
NAME	PASKIN, SAM	
STREET ADDRESS	1092 B EAST MICHIGAN ST	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASKIN, SYLVIA	
STREET ADDRESS	20 W. LUCERNE CIR #609	
CITY-ST-ZIP	ORL, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PVD PASKIN, SAM	
STREET ADDRESS	20 W. LUCERNE CIR #609	
CITY-ST-ZIP	ORL, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Sylvia Paskin      3/18/04      407 425-5329  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #