


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2004 8:00 am**  
**Secretary of State**

01-15-2004 90001 007 \*\*\*150.00

<b>DOCUMENT # 365098</b> 1. Entity Name <b>WEST END AUTO SUPPLY INC</b>					
Principal Place of Business <b>3010 W REYNOLDS ST PLANT CITY, FL 33567</b>			Mailing Address <b>3010 W REYNOLDS ST PLANT CITY, FL 33567</b>		
2. Principal Place of Business <b>3010 W Reynolds St</b> Suite, Apt. #, etc.		3. Mailing Address <b>3010 W Reynolds St</b> Suite, Apt. #, etc.			
City & State <b>Plant City, FL</b> Zip <b>33563</b>		City & State <b>Plant City, FL</b> Zip <b>33563</b>		4. FEI Number <b>59-1295827</b>	
Country <b>FL</b>		Country <b>FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GRIFFIN, BARBARA G 1709 MARSHALL DRIVE PLANT CITY, FL 33566</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u><i>Barbara G. Griffin</i></u> 5 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent, and date if applicable. DATE <u>1/12/04</u>					
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"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRIFFIN, TERRI S 3234 ALCOTT AVE PLANT CITY, FL 33567	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Barbara G. Griffin 1709 Marshall Dr. Plant City, FL 33565
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIFFIN, THOMAS M. 17 BURCHWOOD AVE PLANT CITY, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRIFFIN, SHEILA D. 17 BURCHWOOD AVE. PLANT CITY, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRIFFIN, TIMOTHY L 3234 ALCOTT AVE PLANT CITY, FL 33567	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFIN, THOMAS J 1709 MARSHALL DRIVE PLANT CITY, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFIN, THOMAS J 1709 MARSHALL DRIVE PLANT CITY, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-752-5185