


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90071 042 ***150.00

DOCUMENT # 365098 1. Entity Name WEST END AUTO SUPPLY INC	
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Principal Place of Business 3010 W REYNOLDS ST PLANT CITY FL 33563	Mailing Address 3010 W REYNOLDS ST PLANT CITY FL 33563
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2. Principal Place of Business West End Auto Supply, Inc Suite, Apt. #, etc.	3. Mailing Address 3010 W. Reynolds St Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State Plant City, FL	City & State
Zip 33563	Country AIL

4. FEI Number 59-1295827	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRIFFIN, BARBARA G 1709 MARSHALL DRIVE PLANT CITY FL 33566
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Barbara M. Griffin Sec. DATE 1-30-06 <small>Signature, typed or printed name of registered agent and title if not officer (NOTE: Registered Agent signature required when re-registering)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete S GRIFFIN, BARBARA G 1709 MARSHALL DR. PLANT CITY FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete T GRIFFIN, THOMAS M. 17 BURCHWOOD AVE PLANT CITY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete V GRIFFIN, TIMOTHY L 3234 ALCOTT AVE PLANT CITY FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P GRIFFIN, THOMAS J 1709 MARSHALL DRIVE PLANT CITY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.
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SIGNATURE: Barbara M. Griffin <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1-30-06 813-752-5185 <small>Date Daytime Phone #</small>
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