

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 365098

FILED  
Jan 16, 2007  
Secretary of State

Entity Name: WEST END AUTO SUPPLY INC

## Current Principal Place of Business:

W. END AUTO SUPPLY INC  
PLANT CITY, FL 33563

## New Principal Place of Business:

## Current Mailing Address:

3010 W REYNOLDS ST  
PLANT CITY, FL 33563

## New Mailing Address:

FEI Number: 59-1295827      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRIFFIN, BARBARA G  
1709 MARSHALL DRIVE  
PLANT CITY, FL 33566      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: GRIFFIN, BARBARA G  
Address: 1709 MARSHALL DR.  
City-St-Zip: PLANT CITY, FL 33565

Title: T ( ) Delete  
Name: GRIFFIN, THOMAS M.,  
Address: 17 BURCHWOOD AVE  
City-St-Zip: PLANT CITY, FL

Title: V ( ) Delete  
Name: GRIFFIN, TIMOTHY L  
Address: 3234 ALCOTT AVE  
City-St-Zip: PLANT CITY, FL 33567

Title: P ( ) Delete  
Name: GRIFFIN, THOMAS J  
Address: 1709 MARSHALL DRIVE  
City-St-Zip: PLANT CITY, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: GRIFFIN, THOMAS M.,  
Address: 200 DREW ST  
City-St-Zip: PLANT CITY, FL 33563

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: GRIFFIN, THOMAS J  
Address: 1709 MARSHALL DRIVE  
City-St-Zip: PLANT CITY, FL 33565

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA G GRIFFIN

S

01/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date