


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 365098</b> 1. Entity Name WEST END AUTO SUPPLY INC	
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Principal Place of Business W. END AUTO SUPPLY INC PLANT CITY, FL 33563	Mailing Address 3010 W REYNOLDS ST PLANT CITY, FL 33563
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**DO NOT WRITE IN THIS SPACE**

01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1295827	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

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

**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 Barbara G. Griffin Secretary 5-2-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	06/03/08-30021-007 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRIFFIN, BARBARA G 1709 MARSHALL DR. PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIFFIN, THOMAS M. 200 DREW ST PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRIFFIN, TIMOTHY L 3234 ALCOTT AVE PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFIN, THOMAS J 1709 MARSHALL DRIVE PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Barbara G. Griffin Barbara G. Griffin (secretary) 5-2-08 813-752-5185  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #