


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 393446 1. Entity Name LINCO AUTO PARTS, INC.	
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FILED
Jan 16, 2007 08:00 AM
Secretary of State

Principal Place of Business P O BOX 15060 BRADENTON, FL 34280	Mailing Address P O BOX 15060 BRADENTON, FL 34280
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01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1371454	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COX, ROBERT A. (JR)
7408 RIVERVIEW DR
BRADENTON, FL 34209

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

01/17/07-80034-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD COX, ROBERT A. (JR.) 7408 RIVERVIEW DR BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD COX, THOMAS D. 10 PAPAYA ST. UNIT 706 CLEARWATER BEACH, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: ROBERT A COX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/07
Date

941-792-8206
Daytime Phone #