

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90041 026 ***150.00

DOCUMENT # 412073

1. Entity Name
IMPORT USED AUTO PARTS, INC.



Principal Place of Business
**17421 E. COLONIAL DRIVE
P. O. BOX 27157
ORLANDO, FL 32820-2210**

Mailing Address
**PO BOX 531172
ORLANDO, FL 32853**

DO NOT WRITE IN THIS SPACE

03302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1424513	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

**BURNS, PAUL M.
1438 CHICKASAW TR
ORLANDO, FL 32825**

**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)

DATE _____

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BURNS, PAUL M 1438 CHICKASAW TR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MYERS, ERIC L. 3219 W. SAN CARLOS STREET TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP YOUNG, RON 9987 SHAWDO CREEK DR. ORLANDO, FL 32832

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Paul M. Burns **Paul M. Burns** 4/3/07 4072225434