


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 519305 1. Entity Name AVON AUTO PARTS, INC.	
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Principal Place of Business 126 WEST MAIN ST. AVON PARK, FL 33825	Mailing Address 126 WEST MAIN ST. AVON PARK, FL 33825
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04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1704366	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LANGSTON, LOIS F
955 E LAKE LOTELA DR
AVON PARK, FL 33825

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	LANGSTON, TIMOTHY A
STREET ADDRESS	152 HILLCREST DRIVE
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	SD
NAME	JAHNA, PENELOPE S.
STREET ADDRESS	270 LAKE TROUT DR.
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	PD
NAME	LANGSTON, LOIS F
STREET ADDRESS	955 E LAKE LOTELA DR
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	T
NAME	LANGSTON, JENNIFER L
STREET ADDRESS	152 HILLCREST DRIVE
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/04-80055-024 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Lois F. Langston Lois F. Langston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04 863-453-3191
Date Daytime Phone #