

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 537338

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: GOLD HAT AUTO PARTS, INCORPORATED

**Current Principal Place of Business:**

HWY 71 N  
WEWAHITCHKA, FL 32465 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 1146  
WEWAHITCHKA, FL 32465

**New Mailing Address:**

FEI Number: 59-1740808

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GODWIN, BETTY JEAN  
1021 MCCLELLAN AVE  
PORT ST. JOE, FL 32456 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: PD ( ) Delete  
Name: GODWIN, MAURICE L  
Address: 1021 MCCLELLAN AVE.  
City-St-Zip: PORT ST. JOE FL, FL 32456 US

Title: STD ( ) Delete  
Name: GODWIN, BETTY JEAN  
Address: 1021 MCCLELLAN AVE  
City-St-Zip: PORT SAINT JOE, FL 32456 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: MAURICE L GODWIN

PD

04/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date