

2006- FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90020 039 ***150.00

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1. Entity Name

CENTRAL AUTO PARTS, INC.



Principal Place of Business

16 N. PARRAMORE AVENUE
ORLANDO FL 32801-2209

Mailing Address

16 N. PARRAMORE AVENUE
ORLANDO FL 32801-2209



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

Zip

Country

Zip

Country

4. FEI Number

59-1752049

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHAEL, L.B. JR.
16 N. PARRAMORE AVENUE
ORLANDO FL 32801

Name **DORIS H. MICHAEL**

Street Address (P.O. Box Number is Not Acceptable)

16 N. PARRAMORE AVE

City **ORLANDO**

FL

Zip Code **32801**

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

DORIS H. MICHAEL

Doris H. Michael

3-30-06

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME MICHAEL, JR. L. B.
STREET ADDRESS 3203 MISTY MORN COURT
CITY-ST-ZIP ST CLOUD FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME MICHAEL, DORIS H.
STREET ADDRESS 3203 MISTY MORN COURT
CITY-ST-ZIP ST CLOUD FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME MICHAEL, STEVEN J.
STREET ADDRESS 5371 CROOKED OAK CIRCLE
CITY-ST-ZIP ST. CLOUD FL

TITLE PD ☒ Change ☐ Addition
NAME **STEVEN J. MICHAEL**
STREET ADDRESS **3169 WHISPER WIND DR**
CITY-ST-ZIP **ST. CLOUD FL 34771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

DORIS H. MICHAEL

Doris H. Michael

3-30-06 407-422-9851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #