

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90033 004 ***150.00

DOCUMENT # 592683 1. Entity Name TROY'S AUTO PARTS, INC.			
Principal Place of Business 204 WEST WASHINGTON STREET P.O. BOX 4 MINNEOLA, FL 34755		Mailing Address 204 WEST WASHINGTON STREET P.O. BOX 4 MINNEOLA, FL 34755	
2. Principal Place of Business <i>204 W. Washington St.</i> Suite, Apt. #, etc.		3. Mailing Address <i>P.O. Box 677</i> Suite, Apt. #, etc.	
City & State <i>Minneola FL.</i>		City & State <i>Minneola FL.</i>	
Zip <i>34755</i>	Country	Zip <i>34755</i>	Country <i>USA</i>
4. FEI Number 59-1873569		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TAYLOR, TROY M. 204 W. WASHINGTON STREET MINNEOLA, FL 32755		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, TROY M. 204 W. WASHINGTON STREET MINNEOLA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV TAYLOR, ALLAFAYE 204 W WASHINGTON ST MINNEOLA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Allafaye Taylor</i>		<i>Allafaye Taylor</i> Date: <i>1/10/05</i> Daytime Phone #: <i>352-394-4058</i>	