


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90410 037 \*\*\*150.00

**DOCUMENT # 616601**  
1. Entity Name  
**MALONE AUTO PARTS, INC.**



Principal Place of Business      Mailing Address  
5407 10TH ST      P.O. BOX 490  
POB 490      MALONE, FL 32445    US  
MALONE, FL 32445    US

**DO NOT WRITE IN THIS SPACE**

14014014



04182005    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-1901143	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
  
MILLER, JAMES RAY  
1 NINTH AVE  
MALONE, FL 32445

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	PD MILLER, JAMES RAY 5391 10TH ST MALONE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JILL 5391 10TH ST. MALONE, FL 32445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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 powers.

SIGNATURE: James R Miller      James Ray Miller      4/26/05      850-569-5282  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #