2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 11, 2005 8:00 am Secretary of State **DOCUMENT #655073** 03-11-2005 90316 009 ***150.00 1. Entity Name RIGSBY'S AUTO PARTS & SALES, INC. Principal Place of Business Mailing Address 50024992 40147 LYNBROOK DR. 40147 LYNBROOK DR. ZEPHYRHILLS, FL 33540 ZEPHYRHILLS, FL 33540 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 59-1990201 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIGSBY, EVERTT R. 40147 LYNBROOK DRIVE Street Address (P.O. Box Number is Not Acceptable) ZEPHYRHILLS, FL 33540 City 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, typed or printed name of registered agent and title if applicable. · (NOTE: Registered Agent signature required when reinstating) · DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution: Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change Addition RIGSBY, EVERETT R NAME NAME STREET ADDRESS 40147 LYNBROOK DR. STREET ADDRESS ZEPHYRHILLS, FL CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE , 🗌 Change : 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS 7) 44 4 CITY-ST-ZIP 12. I nereby 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

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