

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90031 035 \*\*\*150.00

**DOCUMENT # 809310**

1. Entity Name

ANDERSON AUTO PARTS COMPANY INC



Principal Place of Business

ANDERSON AUTO PARTS  
2347 17TH STREET  
SARASOTA FL 34234-1902

Mailing Address

ANDERSON AUTO PARTS  
PO BOX 767  
ANDERSON SC 29622



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number  
57-0115160

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, MARCUS L  
2836 PINECREST ST  
SARASOTA FL 34239

*Address Change*

7. Name and Address of New Registered Agent

Name *Jones Marcus L.*  
Street Address (P.O. Box Number is Not Acceptable) *3751 South School Ave # 24*  
City *Sarasota* FL *34239*

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

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

TITLE VSD ☐ Delete  
NAME ANDERSON, C R  
STREET ADDRESS 410 HAMPTON ROAD  
CITY-ST-ZIP WILLIAMSTON SC 29627

TITLE PD ☐ Delete  
NAME ANDERSON, B.A.  
STREET ADDRESS 1311 WELCOME RD  
CITY-ST-ZIP WILLIAMSTON SC 29697

TITLE CTD ☐ Delete  
NAME ANDERSON, H G., III  
STREET ADDRESS 506 TIMBERLAND  
CITY-ST-ZIP ANDERSON SC

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition  
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 duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*01-26-06*