
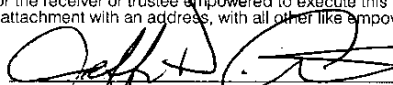


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90091 005 \*\*\*150.00

<b>DOCUMENT # F01000003296</b> 1. Entity Name <b>TOTAL PARTS PLUS, INC.</b>			
Principal Place of Business <b>70 READY AVE FORT WALTON BEACH, FL 32547</b>		Mailing Address <b>70 READY AVE FORT WALTON BEACH, FL 32547</b>	
2. Principal Place of Business <b>709 Anchors St</b> Suite, Apt. #, etc.		3. Mailing Address <b>709 Anchors St</b> Suite, Apt. #, etc.	
City & State <b>Ft Walton Beach, FL</b> Zip <b>32548</b>		City & State <b>Ft Walton Beach, FL</b> Zip <b>32548</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3692817</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRUMMETT, DUANE 70 READY AVE. NW FORT WALTON BEACH, FL 32548</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <b>HSU, PAUL S</b> <b>70 READY AVE</b> <b>FORT WALTON BEACH, FL 32547</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <b>HSU, PAUL S.</b> <b>709 Anchors St</b> <b>Ft Walton Beach, FL 32548</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <b>BIGGS, KEITH H</b> <b>70 READY AVE</b> <b>FORT WALTON BEACH, FL 32547</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T <b>Biggs, Keith H.</b> <b>709 Anchors St</b> <b>Ft Walton Beach, FL 32548</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ARNETT, JEFF</b> <b>70 READY AVE</b> <b>FORT WALTON BEACH, FL 32547</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>Arnett, JEFF</b> <b>709 Anchors St</b> <b>Ft Walton Beach, FL 32548</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GILMORE, CLIFTON</b> <b>70 READY AVE</b> <b>FORT WALTON BEACH, FL 32547</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Montgomery, Todd</b> <b>709 Anchors St</b> <b>Ft Walton Beach, FL 32548</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BRUMMETT, DUANE</b> <b>70 READY AVE</b> <b>FORT WALTON BEACH, FL 32547</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>OGDEN, ROBERT</b> <b>70 READY AVE</b> <b>FORT WALTON BEACH, FL 32547</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   
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 empowered.			
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>11 Apr 05</b> Daytime Phone # <b>(850) 244-7211</b> <b>EA 202</b>	