

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F01000003296

Entity Name: TOTAL PARTS PLUS, INC.

FILED
Oct 16, 2008
Secretary of State**Current Principal Place of Business:**709 ANCHORS ST
FORT WALTON BEACH, FL 32548**New Principal Place of Business:****Current Mailing Address:**709 ANCHORS ST
FORT WALTON BEACH, FL 32548**New Mailing Address:**

FEI Number: 59-3692817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:BRUMMETT, DUANE
70 READY AVE. NW
FORT WALTON BEACH, FL 32548 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**Title: C () Delete
Name: HSU, PAUL S
Address: 709 ANCHORS ST
City-St-Zip: FORT WALTON BEACH, FL 32548Title: PT () Delete
Name: BIGGS, KEITH H
Address: 709 ANCHORS ST
City-St-Zip: FORT WALTON BEACH, FL 32548Title: S () Delete
Name: ARNETT, JEFF
Address: 709 ANCHORS ST
City-St-Zip: FORT WALTON BEACH, FL 32548Title: M () Delete
Name: LANGLOIS, MARIA I
Address: 709 ANCHORS ST
City-St-Zip: FORT WALTON BEACH, FL 32548Title: VP (X) Delete
Name: JOHN, HSU C
Address: 709 ANCHORS ST
City-St-Zip: FORT WALTON BEACH, FL 32548**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: P (X) Change () Addition
Name: BIGGS, KEITH H
Address: 709 ANCHORS ST
City-St-Zip: FORT WALTON BEACH, FL 32548Title: S (X) Change () Addition
Name: ARNETT, JEFF
Address: 15 W MAIN STREET
City-St-Zip: PENSACOLA, FL 32502Title: T (X) Change () Addition
Name: ARNETT, MARIA I
Address: 15 W MAIN STREET
City-St-Zip: PENSACOLA, FL 32502Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA ARNETT

CFO

10/16/2008

Electronic Signature of Signing Officer or Director_____
Date