

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000003513

1. Entity Name
SMITTY'S AUTO PARTS, INC.



Principal Place of Business

**63399 HWY 51
ROSELAND, LA 70456**

Mailing Address

**P.O. BOX 530
ROSELAND, LA 70456**

DO NOT WRITE IN THIS SPACE



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number
72-1000182

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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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

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	SMITH, EDGAR R III
STREET ADDRESS	60135 ISRAEL CUTRER RD
CITY-ST-ZIP	AMITE, LA 70422
TITLE	VCVP
NAME	SMITH, MITCHELL S
STREET ADDRESS	2007 NORTH DUNCAN AVE.
CITY-ST-ZIP	AMITE, LA 70422
TITLE	SD
NAME	SMITH, GEORGE
STREET ADDRESS	16246 JEFF BANKSTON ROAD
CITY-ST-ZIP	AMITE, LA 70422
TITLE	TD
NAME	SMITH, DAVID A
STREET ADDRESS	2007 NORTH DUNCAN AVE.
CITY-ST-ZIP	AMITE, LA 70422
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #