2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 11, 2005 08:00 AM Secretary of State DOCUMENT # F20608 1. Entity Name JOE'S AUTO PARTS OF THE PALM BEACHES, INC. Mailing Address Principal Place of Business 2170 10TH AVE N 2170 10TH AVE N LAKE WORTH, FL 33461-3314 LAKE WORTH, FL 33461-3314 No Cha-P CR2E034 (10/03) 02072005 DO NOT WRITE IN THIS SPACE Applied For 4. FEl Numbe 59-2064375 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPRINGER, RICHARD W DO NOT WRITE 3003 SO CONGRESS AVENUE #1-A PALM SPRINGS, FL 33461 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title it applicable U00000298198 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/11/05-80057-015 150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PVSD** TITLE NAME EGGEN, JOSEPH A 2170 10TH AVE N STREET ADDRESS CITY - ST - ZIP LAKE WORTH, FL 33461 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP THEF NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 it 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 of 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:

STREET ADDRESS CITY-ST-ZIP

> SIGNING OFFICER OR DIRECTOR AND TYPED OR PRINTED NAME

Date Daytime Phone &

FILED