

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004089

FILED
Jan 21, 2009
Secretary of State

Entity Name: REBUILDERS AUTOMOTIVE SUPPLY CO., INC.

Current Principal Place of Business:

1650 FLAT RIVER RD
COVENTRY, RI 02816

New Principal Place of Business:

Current Mailing Address:

1650 FLAT RIVER RD
COVENTRY, RI 02816

New Mailing Address:

FEI Number: 05-0348517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRADY, JASON
5145 LE TOURNEAU CIRCLE
TAMPA, FL 34207 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TS () Delete
Name: KING, STEVEN M.
Address: 4494 POST RD. UNIT 7
City-St-Zip: E. GREENWICH, RI 02818

Title: P (X) Delete
Name: GRADY, WILLIAM H
Address: 5145 LA TOURNEAU CIRCLE
City-St-Zip: TAMPA, FL 33610

Title: V () Delete
Name: GRADY, ROBERT J.
Address: 4100 POST RD #5
City-St-Zip: WARWICK, RI 02886

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: GRADY, ROBERT J.
Address: 4100 POST RD #5
City-St-Zip: WARWICK, RI 02886

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: STEVEN M KING

TS

01/21/2009

Electronic Signature of Signing Officer or Director

Date