

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000001475**

1. Entity Name  
**COVINGTON HEAVY DUTY PARTS, INCORPORATED**



Principal Place of Business  
P.O. BOX 1049  
ANDALUSIA, AL 36420

Mailing Address  
P.O. BOX 1049  
ANDALUSIA, AL 36420



01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**63-0778102** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ANDREWS, MICHAEL**  
**7930 TEMPLE AVE**  
**PANAMA CITY BEACH, FL 32413**

**DO NOT WRITE  
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

*Michael Andrews*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

*01-13-05*

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**PCD**  
**PATE, JIMMY E**  
**P.O. BOX 1456 NORTH RIVER FALLS RD.**  
**ANDALUSIA, AL**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**VD**  
**PATE, TODD**  
**1108 TANGLEWOOD DRIVE**  
**ANDALUSIA, AL 36421**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**S**  
**PATE, DIANE L**  
**PO BOX 1456 N RIVER FALLS RD**  
**ANDALUSIA, AL 36420**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

1100000184371  
01/20/05-80027-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*W. Pate*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-13-05 334-222-4153*

Date

Daytime Phone #