


FILED
Jan 17, 2006 8:00 am
Secretary of State

4000000

DOCUMENT # F95000001475			
1. Entity Name COVINGTON HEAVY DUTY PARTS, INCORPORATED		San 17, 2006 8:00 am Secretary of State 01-17-2006 90272 009 ***150.00	
Principal Place of Business P.O. BOX 1049 ANDALUSIA, AL 36420		Mailing Address P.O. BOX 1049 ANDALUSIA, AL 36420	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ANDREWS, MICHAEL 7930 TEMPLE AVE PANAMA CITY BEACH, FL 32413		4. FEI Number 63-0778102 Applied For Not Applicable	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
SIGNATURE: <i>Michael Andrews</i> <small>Signature, typed or printed name of registered agent and street address, (NOTE: Registered Agent signature required when consulting)</small>		DATE: 01-06-06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD PATE, JIMMY E P.O. BOX 1456 NORTH RIVER FALLS RD. ANDALUSIA, AL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	25792 Soles Lane Andalusia, AL 36421 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PATE, TODD 1108 TANGLEWOOD DRIVE ANDALUSIA, AL 36421 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PATE, DIANE L PO BOX 1456 N RIVER FALLS RD ANDALUSIA, AL 36420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Jim Pate</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-11-06 334-222-4153 <small>Date Daytime Phone #</small>	