

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90033 048 ***150.00

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1. Entity Name

WEST VOLUSIA AUTO SUPPLY, INC.



Principal Place of Business

2085 S. WOODLAND BLVD
DELAND FL 32720

Mailing Address

2085 S. WOODLAND BLVD
DELAND FL 32720

60006428



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

58-2307038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LACOUR, JOHN U
2085 S. WOODLAND BLVD
DELAND FL 32720

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LACOUR, JOHN U
STREET ADDRESS 2085 S. WOODLAND BLVD
CITY-ST-ZIP DELAND FL ☐ Delete

TITLE VD
NAME BARBEE, MIKE
STREET ADDRESS 5420 PEACHTREE INDUSTRIAL BLVD
CITY-ST-ZIP NORCROSS GA ☐ Delete

TITLE T
NAME KIMBALL, MADELO N S
STREET ADDRESS 2085 S. WOODLAND BLVD
CITY-ST-ZIP DELAND FL ☐ Delete

TITLE SD
NAME FOSTER, MIKE
STREET ADDRESS 1090 HAINES STREET
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE AS
NAME SMITH, SCOTT
STREET ADDRESS 2999 CIRCLE 75 PKWY
CITY-ST-ZIP ATLANTA GA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/06 386-734-4773