

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F97000003250

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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

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

7. Name and Address of New Registered Agent

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 resigning.)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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-STATE-ZIP: DELAND FL

TITLE: VD  
NAME: BARBEE, MIKE  
STREET ADDRESS: 5420 PEACHTREE INDUSTRIAL BLVD  
CITY-STATE-ZIP: NORCROSS GA

TITLE: T  
NAME: KIMBALL, MADELO N  
STREET ADDRESS: 2085 S. WOODLAND BLVD  
CITY-STATE-ZIP: DELAND FL

TITLE: SD  
NAME: FOSTER, MIKE  
STREET ADDRESS: 1090 HAINES STREET  
CITY-STATE-ZIP: JACKSONVILLE FL

TITLE: AS  
NAME: SMITH, SCOTT  
STREET ADDRESS: 2999 CIRCLE 75 PKWY  
CITY-STATE-ZIP: ATLANTA GA

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE:   
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CITY-STATE-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

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: *Madelon S. Kimball* Madelon S. Kimball 2/15/07 386-734-4773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #