

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

3269

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # F98000000195

1. Entity Name
THE INTERNAL ENGINE PARTS GROUP, INC.



Principal Place of Business

100 VIRGINIA DRIVE
MERIDIAN, MS 39301

Mailing Address

PO BOX 2958
MERIDIAN, MS 39302



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 64-0560498	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JUNCAL, ANTONIO JR
5804 E. COLUMBUS BLVD.
TAMPA, FL 33619

**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 _____

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	MR
NAME	FORRESTER, CHARLES A 1ST VP
STREET ADDRESS	430 MURPHY ROAD
CITY - ST - ZIP	CENTREVILLE, AL 35042

TITLE	MR
NAME	GARTRELL, JOHN M PRESID
STREET ADDRESS	671 SIGNAL POINT ROAD
CITY - ST - ZIP	GUNTERSVILLE, AL 359768045

TITLE	MR
NAME	HAROLD, MAGEE BOARD
STREET ADDRESS	8379 OKATIBBEE DAM ROAD
CITY - ST - ZIP	COLLINSVILLE, MS 39325

TITLE	MR
NAME	HARTLEY, HAL BOARD
STREET ADDRESS	254 NORFOLK LANE
CITY - ST - ZIP	NOLENVILLE, TN 37135

TITLE	MRS
NAME	JAMES, JENNIFER 2ND VP
STREET ADDRESS	3601 62ND AVE.
CITY - ST - ZIP	MERIDIAN, MS 39307

TITLE	MR
NAME	MITCHELL, DAVID M BOARD
STREET ADDRESS	7179 KALI OKA RD.
CITY - ST - ZIP	SARALAND, AL 36571

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01/26/06-80035-024 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/06 601-693-8282
Date Daytime Phone