

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003639

FILED
Jan 16, 2009
Secretary of State

Entity Name: WEST MARION COUNTY AUTO PARTS AND ACCESSORIES, INC.

Current Principal Place of Business:

20372 E. PENNSYLVANIA AVE.
SUITE G
DUNNELLON, FL 34432

New Principal Place of Business:

Current Mailing Address:

20372 E. PENNSYLVANIA AVE.
SUITE G
DUNNELLON, FL 34432

New Mailing Address:

20372 E. PENNSYLVANIA AVE.
SUITE G
DUNNELLON, FL 34432

FEI Number: 59-3504528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, LINDA L
20372 E. PENNSYLVANIA AVE.
SUITE G
DUNNELLON, FL 34432 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BENNETT, LINDA L
Address: 23914 NAUTILUS BLVD
City-St-Zip: DUNNELLON, FL 34431

Title: VD (X) Delete
Name: BARBEE, MIKE
Address: 5420 PEACHTREE INDUSTRIAL BLD.
City-St-Zip: NORCROSS, GA 30091

Title: SD () Delete
Name: FOSTER, MIKE
Address: 1090 HAINES ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: V () Delete
Name: HANCOCK, THOMAS
Address: 2999 CIRCLE 75 PKWY
City-St-Zip: ATLANTA, GA 30339

Title: AS (X) Delete
Name: SMITH, SCOTT
Address: 2999 CIRCLE 75 PKWY.
City-St-Zip: ATLANTA, GA 30339

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA L BENNETT

PTD

01/16/2009

Electronic Signature of Signing Officer or Director

Date