

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # H10919

1. Entity Name  
LIVE OAK AUTO SUPPLY, INC.



Principal Place of Business  
740 DARROW AVE  
LIVE OAK, FL 32064 US

Mailing Address  
740 DARROW AVE  
LIVE OAK, FL 32064 US



03152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2396874

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REWIS JAMES E  
407 S DOWLING AVE  
LIVE OAK, FL 32064

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REWIS, JAMES E.
STREET ADDRESS	740 DARROW AVE.
CITY - ST - ZIP	LIVE OAK, FL 32064
TITLE	VPD
NAME	DICKINSON, RIN
STREET ADDRESS	17308 CR 136
CITY - ST - ZIP	LIVE OAK, FL 32060
TITLE	TD
NAME	DICKINSON, ESTELLE
STREET ADDRESS	17308 CR 136
CITY - ST - ZIP	LIVE OAK, FL 32060
TITLE	SD
NAME	REWIS, GLENDA F.
STREET ADDRESS	740 DARROW AVE.
CITY - ST - ZIP	LIVE OAK, FL 32064
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000268953  
03/17/05-80049-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

James E. Rewis  
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-05

Date

(386) 362-4911

Daytime Phone #