


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91044 008 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H86016
 1. Entity Name
 MAIN STREET AUTO PARTS, INC.



Principal Place of Business
 14355 NORTH MAIN ST.
 JACKSONVILLE, FL 32218

Mailing Address
 14355 NORTH MAIN ST.
 JACKSONVILLE, FL 32218

DO NOT WRITE IN THIS SPACE



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-2667889

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 KATZ, HARRY JR.
 337 EAST FORSYTH ST.
 JACKSONVILLE, FL 32202

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE: P
 NAME: GRAY, MARY E
 STREET ADDRESS: 14355 N MAIN ST Home 9174 Milton Dr
 CITY-ST-ZIP: JACKSONVILLE, FL 32218 Jax Fl 32226

TITLE: VPS
 NAME: DEPRATTER, RHONDA
 STREET ADDRESS: 1700 SHOREVIEW DR. WEST 14355 N main st
 CITY-ST-ZIP: JACKSONVILLE, FL 32218

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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)(i), 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: *Mary E Gray* 4-27-04 904-7570811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #