


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2006 08:00 AM
Secretary of State**

DOCUMENT # J66810 1. Entity Name ACE USED AUTO PARTS WAREHOUSE, INC.	
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Principal Place of Business 3215 NORTH 43RD STREET (33605) TAMPA, FL 33605 US	Mailing Address 610 S BOULEVARD SUITE #100 TAMPA, FL 33606 US
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DO NOT WRITE IN THIS SPACE



02272006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2812387	Applied For Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HICKEY, GEORGE F.
7901 FLORIDA AVE.
TAMPA, FL 33604**

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HICKEY, GEORGE F. 7901 FLORIDA AVE. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BARNETT, TIM 610 S BLVD STE 100 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HICKEY, WENDY V 610 S BLVD. TAMPA, FL 33606
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**DO NOT WRITE
IN THIS SPACE**

U00000545656
05/11/06-80084-014 150.00

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: George F. Hickey 4-21-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #