

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # J66810**

1. Entity Name  
**ACE USED AUTO PARTS WAREHOUSE, INC.**



Principal Place of Business  
**3215 NORTH 43RD STREET (33605)  
TAMPA, FL 33605 US**

Mailing Address  
**610 S BOULEVARD  
SUITE #100  
TAMPA, FL 33606 US**



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number **59-2812387** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**8. 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 \_\_\_\_\_

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, 2008 Fee will be \$550.00**

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

U000000832676  
04/23/08-80075-002 150.00

**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
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 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

Date

Daytime Phone #

*George F. Hickey* President 4-9-08