

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90069 048 \*\*\*150.00

**DOCUMENT # K02527**

1. Entity Name  
**COMPLETE AUTO PARTS, INC.**



Principal Place of Business  
**2312 4TH STREET, STE 102  
ST. PETERSBURG, FL 33704 US**

Mailing Address  
**2312 4TH STREET, STE 102  
ST. PETERSBURG, FL 33704 US**

**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2866067**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CAPOGIANCO, DOMENIC E. (CAPOBIANCO)  
775 PLACIDO WAY N.E.  
ST PETERSBURG, FL 33704**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CAPOBIANCO, PAUL F
STREET ADDRESS	1101 40 AVENUE N.E.
CITY-ST-ZIP	ST. PETERSBURG, FL 33703
TITLE	ST
NAME	CAPOBIANCO, DOMENIC
STREET ADDRESS	775 PLACIDO WAY N.E.
CITY-ST-ZIP	ST. PETERSBURG, FL 33704
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

**3/30/07**

Date

**727-8953821**

Daytime Phone #