

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K05169

**FILED**  
**Feb 08, 2011**  
**Secretary of State**

**Entity Name:** ALLEN'S AUTO PARTS, INC.

**Current Principal Place of Business:**

321 W MAIN ST  
IMMOKALEE, FL 34142

**New Principal Place of Business:**

**Current Mailing Address:**

321 W MAIN ST  
IMMOKALEE, FL 34142

**New Mailing Address:**

**FEI Number:** 65-0022795

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FISH, HENRY ALLEN  
321 W. MAIN ST.  
IMMOKALEE, FL 34142 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDS  
Name: FISH, HENRY ALLEN  
Address: 321 W. MAIN ST.  
City-St-Zip: IMMOKALEE, FL

Title: DT  
Name: FISH, BARBARA  
Address: 321 W. MAIN ST  
City-St-Zip: IMMOKALEE, FL

Title: V  
Name: BLACKBURN, TY JR  
Address: 321 W MAIN ST  
City-St-Zip: IMMOKALEE, FL 34142

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HENRY ALLEN FISH

P

02/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date