


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90020 040 ***150.00

| | |
|---|---|
| DOCUMENT # K10682 1. Entity Name SALERNO AUTO PARTS, INC. |  |
|---|---|

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|---|---|
| Principal Place of Business 4786 SE RAILWAY AVE P.O. BOX 268 PORT SALERNO, FL 34992 | Mailing Address 4786 SE RAILWAY AVE P.O. BOX 268 PORT SALERNO, FL 34992 |
|---|---|

DO NOT WRITE IN THIS SPACE



07072005 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 65-0019107 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**SQUADRITO, ROSS R.
4786 S.E. RAILWAY AVE.
PORT SALERNO, FL 34992**

**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 \$550.00
Due by September 7, 2005**

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

| 10. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | VP SQUADRITO, ROSS A 3176 SW ALEXANDER CT PALM CITY, FL |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | P SQUADRITO, MICHAEL T 4786 SE RAILWAY AVE PORT SALERNO, FL |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | CEO SQUADRITO, ROSS A 4786 SE RAILWAY AVE PORT SALERNO, FL |
| 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:  **7/7/05** **771-187-7500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Salerno Auto Parts
P.O. Box 268
Port Salerno, Fl. 34992

14018911
K10682

Division of Corporations,

I, Michael Squadrito, owner of Salerno Auto Parts, never received the proper documents that I asked for last year. I returned the post card, due to not owning a computer. I think that the fee is a mistake. Please allow the annual report corporation form to be as normal price of \$150.00. If you have any problems I can be reached at Salerno Auto Parts during the hours of 8:00 a.m. till 5:30 p.m. Thank You Very Much.

Michael Squadrito

President