2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 30, 2005 08:00 AM Secretary of State DOCUMENT # K42441 1. Entity Name MANGHAM AUTO PARTS, INC. Principal Place of Business Mailing Address 12270 NEW KINGS ROAD JACKSONVILLE FL 32219 12270 NEW KINGS ROAD JACKSONVILLE FL 32219 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2928686 Not Applicable Zip Zίο Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANGHAM, EARL A Street Address (P.O. Box Number is Not Acceptable) 12270 NEW KINGS ROAD JACKSONVILLE FL 32219 Zip Code The above named entity submits this statement for the the obligations of registered agent the state of Florida, I am familiar with, and accept SIGNATURE. Signature, typed or printed name of egistered figent and life if applicable (NOTE Rogislated Agent aignatury required when terratering) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP DIRE ☐ Delete DRE Change Addition MANGHAM, EARL NAME NAME U00000280486 03/30/05-80023-008 150.00 STREET ADDRESS 12270 NEW KINGS RD. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL OTY-S1-71P VΡ TITLE ☐ Delete filtt€ ☐ Change ☐ Addition MANGHAM, KATHY NAME NAME STREET ADDRESS 12270 NEW KINGS RD. STREET ADDRESS CITY - ST - ZIP JACKSONVILLE FL CHY-SI-ZP ☐ Delete TITLE ☐ Change ☐ Addition NAME MANGHAM, MARY NELL NAME STREET ACCRESS 12270 NEW KINGS RD. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-SI-UP TITLE Delete atte ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70 TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIF

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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:

SIGNATURE:

SIGNATURE AND PIVED ON ADDITIONAL PROPERTY OF SIGNING OFFICER OR DIRECTOR

Date Phone *