

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90029 010 ***150.00

DOCUMENT # K43653

1. Entity Name
AFA AUTO PARTS, INC.



Principal Place of Business
**19011 SAN CARLOS BLVD
FT. MYERS BCH, FL 33931**

Mailing Address
**19011 SAN CARLOS BLVD
FT. MYERS BCH, FL 33931**

40012367



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0103133	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

**DEPAOLO, A.F., JR.
19011 SAN CARLOS BLVD
FT. MYERS BCH, FL 33931**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEPAOLO, ALPHONSO F., JR
STREET ADDRESS	19011 SAN CARLOS BLVD
CITY-ST-ZIP	FT. MYERS BCH, FL

TITLE	V
NAME	DEPAOLO, FRANK W.
STREET ADDRESS	19011 SAN CARLOS BLVD
CITY-ST-ZIP	FT MYERS BCH, FL

TITLE	ST
NAME	DEPAOLO, ALPHONSO F., SR
STREET ADDRESS	19011 SAN CARLOS BLVD
CITY-ST-ZIP	FT MYERS BCH, 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 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: *Alphonso F. DePaolo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/06 239-863-1944
Date Daytime Phone #