2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 04, 2007 8:00 am Secretary of State DOCUMENT # K50046 1. Entity Name 04-04-2007 90184 013 ***150.00 MAYO AUTO PARTS, INC. Principal Place of Business Mailing Address PO BOX 278 294 E. MAIN ST MAYO FL 32066 MAYO FL 32066 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2918692 Not Applicable 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 MILLAY, DONALD C. Street Address (P.O. Box Number is Not Acceptable) 440 NE MIILAY LANE MAYO FL 32066 City Zip Code 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 it applicable CATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. HHEE Delete HDF ☐ Change Addition MILLAY, DONALD C JR NAME NAMÉ PO BOX 278 STREET ADDRESS STREET ADDRESS MAYO FL 32066 CITY ST ZIP CITY ST ZIP ши ☐ Defete HILE Addition Menay, Ruby I MILLAY, DAROTHY K. NAMI NAM RT 2 BOX 1625 STREET ADDRESS STREET ADDRESS MAYO FL 32066 MAYO FL CITY-ST-ZIP CITY ST 7IP VΡ ш Defete THE ☐ Change ■ Addition MILLAY, DONALD C NAMI NAME RT. 2 BOX 1625 STREET ADDRESS STREET ADDRESS CHY ST-7IP MAYO FL 32066-1625 CITY ST ZIP THLE Delete TITLE ☐ Change ■ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY ST 7IP THE ☐ Defete ☐ Change ☐ Addition HHI NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

NING OFFICER OR DIRECTOR

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