2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K58137

1. Entity Name
BAKER PARTS AND SUPPLY, INC

Principal Place of Business	Mailing Address
1304 GEORGIA AVE BAKER, FL 32531 US	PO BOX 157 BAKER, FL 32531 US

DO NOT WRITE IN THIS SPACE

02172004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2925982	Not Applicable

5. Certificate of Status Desired   ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUNSON, JOSEPH M.
CORNER OF 16TH ST. AND MONROE AVENUE
BAKER, FL 32536

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 _____   DATE
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCT
NAME	BRUNSON, JOSEPH M.
STREET ADDRESS	5760 MONROE STREET
CITY-ST-ZIP	BAKER, FL

TITLE	DV
NAME	BRUNSON, WILLIAM D.
STREET ADDRESS	7589 PEACOCK RD.
CITY-ST-ZIP	BAKER, FL 32531

TITLE	DS
NAME	BRUNSON, ROCHELLE
STREET ADDRESS	5760 MONROE STREET
CITY-ST-ZIP	BAKER, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000097662
03/29/04-80008-025 150.00

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: _____   3-26-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #