

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M93293**

1. Entity Name

**MORAN'S AUTO PARTS, INC.**



Principal Place of Business

**159 W MACCLENNY AVE  
MACCLENNY FL 32063-2329  
US**

Mailing Address

**159 W MACCLENNY AVE  
MACCLENNY FL 32063-2329  
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

**59-2900685**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORAN, RICHARD A  
59 N SEVENTH ST  
MACCLENNY FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 (if applicable)

(NOTE: Registered Agent signature required when changing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORAN, JERRY S	
STREET ADDRESS	159 W MACCLENNY AVE	
CITY-STATE-ZIP	MACCLENNY FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MORAN, RICHARD A	
STREET ADDRESS	59 N. 7TH ST.	
CITY-STATE-ZIP	MACCLENNY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MORAN, RONALD L	
STREET ADDRESS	59 N 7TH ST	
CITY-STATE-ZIP	MACCLENNY FL	
TITLE		<input type="checkbox"/> Delete
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CITY-STATE-ZIP		

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NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

U000009328184  
05/21/08-80015-003 150.00

12. I hereby 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 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:** *Jerry S Moran* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-08 904-259-3828

Date

Display Phone #