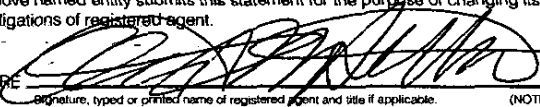
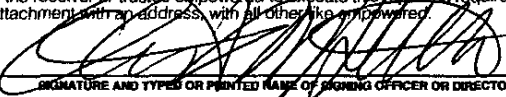


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90008 009 ****61.25

DOCUMENT # N98000005107 1. Entity Name UTTERMOST PARTS FELLOWSHIP, INC.					
Principal Place of Business 3321 KING CHARLES CIR. SEFFNER, FL 33584			Mailing Address P.O. BOX 491 BRANDON, FL 33509		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01132004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3525796				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRUEH, HENRY M 3321 KING CHARLES CIR. SEFFNER, FL 33584				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE 				CHRISTOPHER M. STEBBINS 1/19/04 DATE	
Filing Fee is \$81.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. ☐	
\$5.00 May Be Added to Fees				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRUEH, HENRY M 3321 KING CHARLES CIR. SEFFNER, FL 33584	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEBBINS, CHRISTOPHER M 3705 COPPERTREE CIR. BRANDON, FL 33511	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4203 Spring Way Cir Valrico FL 33594	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABRERA, ORESTES MARCOS JR 523 LAUREL HILL LAKELAND, FL 33813	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 617, 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: 					
CHRISTOPHER M. STEBBINS 1/19/04 Date Daytime Phone #					