


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000044103		
1. Entity Name HOSEY'S AUTO PARTS & SERVICES, INC.		


Principal Place of Business 1205 BRUTON BOULEVARD ORLANDO, FL 32805	Mailing Address 1205 BRUTON BOULEVARD ORLANDO, FL 32805
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

05 APR 18 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04182005 Chg-P CR2E034 (10/03) *MRS*

4. FEI Number 65-0183706	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		7. Name and Address of New Registered Agent	
SESSLER, CORETHA 3367 WOLCOTT PLACE ORLANDO, FL 32805		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 _____ 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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SESSLER, HOSEY B			NAME			
STREET ADDRESS	3367 WOLCOTT PLACE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32805			CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SESSLER, VURNELL D			NAME			
STREET ADDRESS	1830 LONG IRON DR., APT. 722			STREET ADDRESS			
CITY-ST-ZIP	VIERA, FL 32955			CITY-ST-ZIP			
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SESSLER, CORETHA			NAME			
STREET ADDRESS	3367 WOLCOTT PLACE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32805			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Hosey B. Sessler* 4/18/05 (407) 295-9902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #