2008

~~2006~~ FOR PROFIT CORPORATION ANNUAL REPORT (AR)

05-01-2008 90196 042 ***150.00

FILED

08 MAY 16 PM 1:23

SECRETARY OF STATE

[redacted]

DOCUMENT # P00000058700

1. Entity Name AUTO PARTS, INC.

ICON-~~BUSINESS GROUP~~, INC.

Principal Place of Business	Mailing Address
~~114 ATLANTIC ANNEX PT~~ ~~MAITLAND FL 32751~~	~~114 ATLANTIC ANNEX PT~~ ~~MAITLAND FL 32751~~

2. Principal Place of Business		3. Mailing Address	
8530 MILANO DRIVE		SAME	
Suite, Apt. #, etc. STE 21-110		Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State	
Zip 32810	Country USA	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-3656899 — 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
WARD, ARTHUR S JR. 8530 MILANO DR STE ~~21-110~~ 21-110 (CORRECTION) ORLANDO FL 32810	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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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 CEO NAME WARD, ARTHUR S JR. ← NOTE STREET ADDRESS 8530 MILANO DR STE 21-110 CITY-ST-ZIP ORLANDO, FL 32810	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE P NAME WARD, JOHN R STREET ADDRESS ~~880 OLD HORATIO AVE~~ 8530 MILANO DRIVE CITY-ST-ZIP ~~MAITLAND FL 32751~~ ORLANDO FL 32810	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

SAME ADDRESS

5/25/19

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: ______________________________ ______________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ASWJR 04.25.2008