## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 16, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P00000075 LINE PARTS, INC.	002 –				Sec	retary	/ <b>U</b> 1	State	
Principal Plac	ce of Business	<del></del>		1						
5290 HIATU SUNRISE, FL		5290 HIATUS RD — SUNRISE, FL 33351			1					
JUNNISE, FL	. 33331	SUNKISE, FE 33331		-						
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt #, etc.		06102005	Chg-P	CR2E034	(10/03)	. *		
City & State		City & State			4. FEI Numb 65-103	1		plied For t Applicable		
Zíp	Country	Zip	Country		5. Certificate	of Status Desired		3.75 Add e Require		
	5. Name and Address of Current I	Registered Agent			7. Name and	Address of New R				
VITALE, STEVEN G				Name_						
	EAN BLVD.		Street	Address (	P O. Box Numb	er is Not Acceptable	)			
		•				·	·			
			City				FL	Zip Code	{	
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its re	gistered office	or rogister	red agent, or bo	th, in the State of Fic	rida I am fan	riliar with,	and accept	
SIGNATURE_	Signature, typed or printed name of registered agent a	hd litte if applicable. (NOTE F	legíslered Agent algr	alure required	(when reinstalling)	· · · · · · · · · · · · · · · · · · ·	DATE	<del> </del>		
	LE NOW!!! FEE IS \$150.00 ue by September 7, 2005	9. Election Campaigr Trust Fund Contrib			.00 May Be ed to Fees	In accordance v corporation did	vith s. 607.19 not receive t	03(2)(b), he prior r	F.S., the notice.	
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND D	RECTORS	IN 11	
TITLE	DP	☐ Delete	TITLE				Ē	] Change	Addition	
NAME STREET ADDRESS	GREENLEE, CHRISTOPHER B 5290 HIATUS RD	MAR SEC SALE A	NAME STREET ADDRESS	.					}	
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP							
TITLE		□ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				, ,			
CITY-ST-ZIP		A B C C C C C C C C C C C C C C C C C C	CITY-ST-ZIP						}	
TITLE		☐ Delete	TITLE			· ·		] Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			U00001	0369591		\	
CITY-ST-ZIP			CITY-ST-ZIP	`		06/16/05·	-80001-0	11 15	0.00	
TITLE	<del>                                     </del>	☐ Delete	TITLE	1				] Change	☐ Addition	
NAME expects longered			NAME SIREFI ADDRESS						}	
STREET ADDRESS ! City-St-Zip	}		GHY-ST-ZIP	'					}	
TITLE	<del></del>	☐ Delete	JIM E	<del>                                     </del>	· · · · ·			] Ĉhangë	☐ Addition	
NAME	{		NAME						(	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						{	
TITLE		☐ Delete	TITLE	<del> </del> -				Change	Addition	
NAME		•	NAME					•	}	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						{	
	t certify that the information supplied with	this filing does not qualify for the		ated in Se	ction 119.07(3)	(i), Florida Statutes. I	further certify	that the in	formation	
Indicated of the cor	certify that the information supplied with on this report or suppliemental report is poration or the receiver or trustee empo , or on an attachment with an address, w	true and accurate and that my wered to execute his report as	signature shall required by C	have the shapter 607	same legal effe , Florida Statute	of as if made under o	oath, that I am appears in B	an officer lock 10 or	or director Block 11 if	
. changed,	, or on an attachment with an address, w	in all other like impowered.							. }	
SIGNAT	URE:	Mu	·		6	-10-05				
	SIGNATURE AND TYPED OR PE	RINTED NAME OF SIGNING OFFICER OF	DIRECTOR			Date	Dayti	па Ріполе ІІ		