

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000089261

FILED
Apr 26, 2005
Secretary of State

Entity Name: SEMI TRAILER PARTS AND SUPPLIES, INC.

Current Principal Place of Business:

10220 NEW BERLIN RD STE 204
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

PO BOX 351014
JACKSONVILLE, FL 322351014

New Mailing Address:

FEI Number: 59-3672260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, GARY R
10220 NEW BERLIN RD STE 204
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: EVANS, GARY R
Address: 12295 SONDRRA COVE TRAIL NORTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: TVD () Delete
Name: EVANS, TAMMY L
Address: 12295 SONDRRA COVE TRAIL NORTH
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMMY L. EVANS

TVD

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date