2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000116775

FILED Feb 22, 2007 08:00 AM Secretary of State

1. Entity Name WILL'S AUTO PARTS, INC.	e e e e e e e e e e e e e e e e e e e		
Principal Place of Business	Mailing Address		7
928 BULLS BAY HWY Jacksonville, Fl 32220	928 BULLS BAY HWY JACKSONVILLE, FL 3222	0	
DO NOT WRITE IN THIS SPA		·-	01312007 No Chg-P CR2E034 (11/05)
		ACE	4. FEI Number Applied Fc 59-3700313 Not Applie
			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
6. Name and Address of	Current Registered Agent		
SIZEMORE, WILLIAM 928 BULLS BAY HWY JACKSONVILLE, FL 32220			DO NOT WRITE IN THIS SPACE
8. The above named entity submits this sta	atement for the purpose of changing its re	egistered office or regist	stered agent, or both, in the State of Florida. I am familiar with, and acc
the obligations of registered agent.			•
SIGNATURE Signature, typed or printed name of reg	stered agent and title if applicable (NOTE f	Registered Agent signature requir	ired when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.		· · · · · · · · · · · · · · · · · · ·	55.00 May Be udded to Fees
10. OFFIC	ERS AND DIRECTORS		
TITLE DP			
NAME SIZEMORE, WILLIAM			
STREET ADDRESS 11397 ARNON RD CITY-ST-ZIP LACKSONVILLE FL 32	220		

DO NOT WRITE IN THIS SPACE

U00000644393 03/02/07-80040-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS
CITY-SI-ZIP
TAILE
NAME
STREET ADDRESS
CITY-SI-ZIP
TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP
CITY-SI-ZIP
CITY-SI-ZIP

CITY-ST-ZIP

RESTATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/07

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