

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Apr 04, 2005 8:00 am
Secretary of State

03-09-2005 90034 009 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P01000007986					
1. Entity Name DEE AUTO SALES & PARTS, INC.					
Principal Place of Business 2335 US HIGHWAY 441 NORTH FRUITLAND PARK FL 34731 US			Mailing Address 2335 US HIGHWAY 441 NORTH FRUITLAND PARK FL 34731 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3696694	
				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 LOYA, DEBORAH E 2320 FAWN PLACE ORLANDO FL 32387			7. Name and Address of New Registered Agent Name LOYA, Deborah E. Street Address (P.O. Box Number is Not Acceptable) 2335 US HWY 441 NORTH P.O. Box # 638 City FRUITLAND PARK FL Zip Code 34731		
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 <i>Deborah E. Loya</i> (NOTE: Registered Agent signature required when re-registering) DATE 3-3-05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOYA, DEBORAH E		NAME		
STREET ADDRESS	2320 FAWN PLACE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32387		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOYA, EDWARD T JR		NAME		
STREET ADDRESS	2320 FAWN PLACE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32387		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		
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NAME			NAME		
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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 19.07(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: <i>Deborah E. Loya</i>			Date 3-3-05 800-799-9805		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		