


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90005 009 ***150.00

DOCUMENT # P01000022900	
1. Entity Name R.E.A.L. PARTS OF FLORIDA, INC.	

Principal Place of Business 603 S MELVILLE AVE, UNIT 19 TAMPA, FL 33606	Mailing Address P O BOX 4744 TAMPA, FL 33677 US
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44040000



2. Principal Place of Business P.O. Box 4744	3. Mailing Address Suite, Apt. #, etc.
City & State TAMPA, FL	City & State
Zip 33677	Country U.S.

03192003 Chg-P CR2E034 (10/03)

4. FEI Number 59-3728203	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOYER, JOHN A 603 S MELVILLE AVE, UNIT 19 TAMPA, FL 33606	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME MOYER, JOHN A <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 603 S MELVILLE AVE, UNIT 19		STREET ADDRESS	
CITY-ST-ZIP TAMPA, FL 33606		CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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:  (JOHN MOYER) **5/31/04** (813) 254-9638

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