


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90216 016 ***150.00

DOCUMENT # P01000030498					
1. Entity Name LAKEHAVEN AUTO PARTS, INC.					
Principal Place of Business 1606 HAVENDALE BLVD WINTER HAVEN, FL 33881			Mailing Address 1606 HAVENDALE BLVD WINTER HAVEN, FL 33881		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04092004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3707863				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			7. Name and Address of New Registered Agent		
COX, THOMAS D 848 POINT SEASIDE DR CRYSTAL BEACH, FL 34681			Name <u>COX, THOMAS D</u> Street Address (P.O. Box Number is Not Acceptable) <u>10 PAPAYA ST - UNIT 706</u> City <u>CLEARWATER BEACH</u> FL Zip Code <u>33767</u>		
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 <u>Thomas D. Cox</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4-20-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COX, THOMAS D		NAME	COX, THOMAS D	
STREET ADDRESS	PO BOX 5/848 POINT SEASIDE DR		STREET ADDRESS	10 PAPAYA ST UNIT 706	
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681		CITY-ST-ZIP	CLEARWATER BEACH FL 33767	
TITLE	ST <input type="checkbox"/> Delete		TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COX, SHARON K		NAME	COX, SHARON K	
STREET ADDRESS	PO BOX 5 / 848 POINT SEASIDE DR		STREET ADDRESS	10 PAPAYA ST UNIT 706	
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681		CITY-ST-ZIP	CLEARWATER BEACH FL 33767	
TITLE	VP <input type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COX, THOMAS D II		NAME	COX, THOMAS D II	
STREET ADDRESS	PO BOX 5 / 848 POINT SEASIDE DRIVE		STREET ADDRESS	5100 BAKER DAIRY RD	
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681		CITY-ST-ZIP	MAINES CITY FL 33844	
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		
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		
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: <u>Thomas D. Cox</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-20-04</u> Daytime Phone # <u>727 639 3900</u>		