

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90455 010 \*\*\*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**

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

**4. FEI Number**  
**59-3707863**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**COX, THOMAS D**  
**10 PAPAYA ST UNIT 706**  
**CLEARWATER BEACH, FL 33767**

**DO NOT WRITE  
IN THIS SPACE**

**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**  
**After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** P  
**NAME** COX, THOMAS D  
**STREET ADDRESS** 10 PAPAYA ST UNIT 706  
**CITY-ST-ZIP** CLEARWATER BEACH, FL 33767

**TITLE** ST  
**NAME** COX, SHARON K  
**STREET ADDRESS** 10 PAPAYA ST UNIT 706  
**CITY-ST-ZIP** CLEARWATER BEACH, FL 33767

**TITLE** VP  
**NAME** COX, THOMAS D II  
**STREET ADDRESS** 5100 BAKER DAIRY RD  
**CITY-ST-ZIP** HAINES CITY, FL 33844

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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IN THIS SPACE**

**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:** *Thomas D Cox II*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*4-28-05* *862.277.2244*  
**Date** **Daytime Phone #**