


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90049 022 ***150.00

DOCUMENT # P01000074276
 1. Entity Name
 AUTHORIZED CONVERSION PARTS, INC.



Principal Place of Business
 1601 MAGNOLIA
 OCALA, FL 34475

Mailing Address
 1601 MAGNOLIA
 OCALA, FL 34475

44013029



02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-3404939	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION, FL 33324

*ACP / Integraf
 1601 Magnolia
 Ocala.*

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FEARING, JOHN E
STREET ADDRESS	31 ARGONAUT
CITY-ST-ZIP	ALISO VIEJO, CA 92656
TITLE	D
NAME	FEARING, JOHN EP JR
STREET ADDRESS	27181 SHENANDOAH
CITY-ST-ZIP	LAGUNA HILLS, CA 92653
TITLE	D
NAME	MCDONALD, D. SCOTT
STREET ADDRESS	26 FIRST-ST.
CITY-ST-ZIP	LADERAL RANCH, CA 92694
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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 or other like empowered.

SIGNATURE: *John E. Fearing*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/04 *949-951-6388*
 Date Daytime Phone #