


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

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



Principal Place of Business      Mailing Address  
 1601 MAGNOLIA                      1601 MAGNOLIA  
 OCALA, FL 34475                      OCALA, FL 34475

**DO NOT WRITE IN THIS SPACE**



D1172005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 94-3404939      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
*(Darby White)*  
 ACP/INTEGRAF  
 1601 MAGNOLIA  
 OCALA, FL 34475

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	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	

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 01/25/05-80071-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 E. Fearing*      **JOHN E. FEARING**      1/20/05      352-620-8311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #