

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90120 032 \*\*\*150.00

<b>DOCUMENT # P01000086036</b> 1. Entity Name <b>SUPPLY GUY AUTO PARTS, INC.</b>					
Principal Place of Business <b>5932 111TH PLACE NORTH PINELLAS PARK, FL 33782</b>			Mailing Address <b>5932 111TH PLACE NORTH PINELLAS PARK, FL 33782</b>		
2. Principal Place of Business <b>5898 106TH TERRACE NO.</b>		3. Mailing Address <b>5898 106TH TERRACE NO.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>PINELLAS PARK, FL</b>		City & State <b>PINELLAS PARK, FL</b>		4. FEI Number <b>59-3742057</b>	
Zip <b>33782</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCOTT, LEE C 5932 111TH PLACE NORTH PINELLAS PARK, FL 33782</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCOTT, LEE C</b> <b>5932 111TH PLACE NORTH</b> <b>PINELLAS PARK, FL 33782</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCOTT, LEE C</b> <b>5898 106TH TERRACE NORTH</b> <b>PINELLAS PARK, FL 33782</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCOTT, TINA L</b> <b>5932 111TH PLACE NORTH</b> <b>PINELLAS PARK, FL 33782</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCOTT, TINA L</b> <b>5898 106TH TERRACE NORTH</b> <b>PINELLAS PARK, FL 33782</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date _____ Daytime Phone # _____</small>					