

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000056428

1. Entity Name  
1ST CHOICE PIECES AND PARTS INC.



Principal Place of Business  
1356 LAMPLIGHTER WAY  
ORLANDO, FL 32818

Mailing Address  
1356 LAMPLIGHTER WAY  
ORLANDO, FL 32818

**DO NOT WRITE IN THIS SPACE**

**FILED  
Apr 12, 2004 8:00 am  
Secretary of State**

04-12-2004 90266 024 \*\*\*158.75



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number 68-0505355	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

WRIGHT, ARLEEN M  
1356 LAMPLIGHTER WAY  
ORLANDO, FL 32818

**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, 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	PD
NAME	WRIGHT, ARLEEN M
STREET ADDRESS	1356 LAMPLIGHTER WAY
CITY-ST-ZIP	ORLANDO, FL 32818

TITLE	
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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:

*Arleen M. Wright*

*X 4-8-04*

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR