Apr-22-04 04:34P EYE CENTERS OF FLORIDA

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May 14, 2004 8:00 am
Secretary of State
05-14-2004 90012 031 ***550.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000069742

1. Entity Name
BIG DADDY'S PERFORMANCE PARTS INC

Principal Place of Business
315 THOMPSON AVE
LEHIGH, FL 33972

Mailing Address
315 THOMPSON AVE
LEHIGH, FL 33972

24075470

[redacted]

04212004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
1941 Courtney Dr
Suite, Apt. #, etc.
City & State
Ft Myers FL
Zip 33901 Country Lee

3. Mailing Address
Suite, Apt. #, etc. SAME
City & State
Zip Country

4. FEI Number
01-0728960
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NORRIS, DON
315 THOMPSON AVE
LEHIGH, FL 33972

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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]
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NORRIS, DON 315 THOMPSON AVE LEHIGH, FL 33972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HESTER, RALPH 414 NEW MARKET RD IMMOKALEE, FL 34142	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #