

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000039156

FILED
Jan 05, 2008
Secretary of State

Entity Name: VERN'S AUTO PARTS & REPAIR, INC.

Current Principal Place of Business:

720 NORTH EGLIN PARKWAY
FT. WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

119 ALDEN DR.
FT. WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 33-1056590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENDORF, STANLEY H
119 ALDEN DRIVE
FT. WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BENDORF, STANLEY H
Address: 119 ALDEN DR.
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: V () Delete
Name: BENDORF, LAVERNE W
Address: 506 DIVISION STREET
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: T () Delete
Name: JANOCKO, MARY LOU
Address: 245 COUNTRY CLUB PARKWAY
City-St-Zip: CASTLE ROCK, CO 80104

Title: S () Delete
Name: BENDORF, KATHY S
Address: 119 ALDEN DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY H. BENDORF

P

01/05/2008

Electronic Signature of Signing Officer or Director

Date