


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000107952</b> 1. Entity Name <b>SARASOTA USED AUTO PARTS, INC.</b>	
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Principal Place of Business <b>2400 DR. MARTIN LUTHER KING WAY SARASOTA, FL 34234-6301</b>	Mailing Address <b>2400 DR. MARTIN LUTHER KING WAY SARASOTA, FL 34234-6301</b>
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**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>57-1198986</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HRIC, MICHAEL  
2801 FRUITVILLE ROAD  
SARASOTA, FL 34237**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRIEF, BARBARA L 5352 CREEKSIDE TRAIL SARASOTA, FL 3423</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BALES, CYNTHIA J 7291 38TH COURT EAST SARASOTA, FL 34243</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/02/07-80084-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Barbara Brief **BARBARA BRIEF** 4-18-07 941-953-3683  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone