
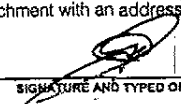


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000000723		
1. Entity Name SILKE'S AUTO PARTS, INC.		
Principal Place of Business 6110-8 POWERS AVE JACKSONVILLE, FL 32217		Mailing Address 6110-8 POWERS AVE JACKSONVILLE, FL 32217
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SAFER, ELIOT J 10110 SAN JOSE BLVD JACKSONVILLE, FL 32257		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	SILKE, LEON	
STREET ADDRESS	6110-8 POWERS AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  LEON SILKE		26 Apr 06 904 737 8600 <small>Date Daytime Phone #</small>



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0579185	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000551363
05/13/06-80038-005 150.00

**DO NOT WRITE
IN THIS SPACE**