



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000006337</b>		
1. Entity Name <b>JIM'S PARTS PLACE, INC.</b>		
Principal Place of Business <b>220 NE 14TH AVENUE OKEECHOBEE, FL 34972 US</b>		Mailing Address <b>PO BOX 1782 OKEECHOBEE, FL 34973 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		
4. FEI Number <b>20-0577463</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		
<b>MARTIN, DOUGLAS A 220 NE 14TH AVE OKEECHOBEE, FL 34972</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>		
<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
		<b>000000604324 01/29/07-80049-008 150.00</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MARTIN, DOUGLAS A 691 SE 35TH TERRACE OKEECHOBEE, FL 34974</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MARTIN, DEBRA A 691 SE 35TH TERRACE OKEECHOBEE, FL 34974</b>	
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<b>DO NOT WRITE IN THIS SPACE</b>		
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: <u><i>Debra A Martin</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/19/07</u> <small>Date</small>
		<small>Daytime Phone #</small>