

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90313 049 \*\*\*158.75

**DOCUMENT # P05000023575**

1. Entity Name  
**LOCO PARTS, INC.**



Principal Place of Business  
**5109 WEST BEAVER STREET  
JACKSONVILLE, FL 32254 US**

Mailing Address  
**5109 WEST BEAVER STREET  
JACKSONVILLE, FL 32254 --US--**

40091107



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**c/o David A. King, Attorney  
1416 Kingsley Avenue**

04052006 Chg-P CR2E034 (11/05)

City & State  
**Orange Park, FL**

4. FEI Number  
**20-2328632**

Applied For  
Not Applicable

Zip  
**32073**

Country  
**USA**

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

~~CONNER, STEVEN W -  
1106 PARK AVENUE -  
ORANGE PARK, FL 32073 -~~

Name  
**David A. Stringfield**

Street Address (P.O. Box Number is Not Acceptable)  
**5109 West Beaver Street**

City  
**Jacksonville**

FL Zip Code  
**32254**

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 *David A. Stringfield*  
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, 2006 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  
STRINGFIELD, DAVID  
5109 WEST BEAVER STREET  
JACKSONVILLE, FL 32254**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D, P**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VP  
STRINGFIELD, DAVID  
5109 WEST BEAVER STREET  
JACKSONVILLE, FL 32254**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D, VP  
Karen A. Stringfield  
5109 West Beaver Street  
Jacksonville, FL 32254**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SEC  
STRINGFIELD, DAVID  
5109 WEST BEAVER STREET  
JACKSONVILLE, FL 32254**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TREA  
STRINGFIELD, DAVID  
5109 WEST BEAVER STREET  
JACKSONVILLE, FL 32254**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:**

*David A. Stringfield*  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**David A. Stringfield, President**

Date

Daytime Phone #