

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 10, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90031 012 \*\*\*150.00

|                                                                                     |                                                                                   |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P05000132277</b><br>1. Entity Name<br>PIT STOP PARTS & SERVICES, INC. |  |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                          |                                                              |
|--------------------------------------------------------------------------|--------------------------------------------------------------|
| Principal Place of Business<br>5736 WASHINGTON ST<br>MILTON, FL 32570 US | Mailing Address<br>5736 WASHINGTON ST<br>MILTON, FL 32570 US |
|--------------------------------------------------------------------------|--------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**

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01072008 No Chg-P CR2E034 (11/05)

|                                                                                          |                               |
|------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br>20-4055132                                                              | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

PHILLIPS, SHAREN C  
5690 JEFF ATEES RD  
MILTON, FL 32570

**DO NOT WRITE  
IN THIS SPACE**

*Sorry signed in wrong place*

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: *Sharen C. Phillips* S.C.P. DATE: *April 10, 2008*

(NOTE: Registered Agent signature required when reappointing)

|                                                                                     |                                                                                                                    |
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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|

10. OFFICERS AND DIRECTORS

|                                                |                                                                  |
|------------------------------------------------|------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>PHILLIPS, SHAREN C<br>8713 HIGHWAY 90<br>MILTON, FL 32583   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>PHILLIPS, DAVID M<br>8713 HIGHWAY 90<br>MILTON, FL 32583   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>PHILLIPS, JASON D<br>5724 JEFF ATEES RD<br>MILTON, FL 32583 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  |

**DO NOT WRITE  
IN THIS SPACE**

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 807, 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: *Sharen C. Phillips* DATE: *June 5, 2008*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sharen C. Phillips*