


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**


03-20-2008 90036 017 \*\*\*150.00

<b>DOCUMENT # P06000005783</b>	
1. Entity Name <b>ARS DISCOUNT CYCLE PARTS, INC.</b>	

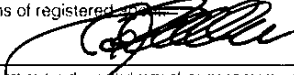
Principal Place of Business <b>1470 PORPOISE ROAD VENICE, FL 34293</b>	Mailing Address <b>% ROBERT D ROYSTON, JR, ESQ P O DRAWER 60205 FT MYERS, FL 33906</b>
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**50000660**

2. Principal Place of Business - No P.O. Box #		<b>c/o John M. Wicker</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>PO Drawer 60205</b>	
City & State		City & State <b>Fort Myers FL</b>	
Zip	Country	Zip	Country
<b>33906</b>	<b>USA</b>	<b>33906</b>	<b>USA</b>

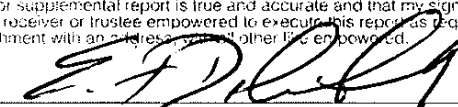
	
01182008	Chg-P
CR2E034 (12/06)	
4. FEI Number <b>20-4119674</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ROYSTON, ROBERT D JR, ESQ COSTELLO, ROYSTON &amp; POND 12670 NEW BRITTANY BLVD - STE 101 FT MYERS, FL 33907</b>		Man Stre <b>JOHN M. WICKER, P.A. 12670 NEW BRITTANY BLVD., STE 101 FORT MYERS, FL 33907</b> City Zip Code	

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 	DATE <b>3/18/08</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DOHERTY, EDWARD F JR 1470 PORPOISE RD VENICE, FL 34293</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST DOHERTY, MARY 1470 PORPOISE ROAD VENICE, FL 34293</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, name, or other title empowered.	
SIGNATURE: 	DATE <b>3/18/08</b> 941-525-3074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	