

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000097415

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** KEYSTONE HEIGHTS AUTO PARTS, INC

**Current Principal Place of Business:**

7419 SR 21 NORTH  
KEYSTONE HEIGHTS, FL 32656 US

**New Principal Place of Business:**

**Current Mailing Address:**

7419 SR 21 NORTH  
KEYSTONE HEIGHTS, FL 32656 US

**New Mailing Address:**

**FEI Number:** 20-5256299      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GILLEN, TEX F  
6617 ANDREWS ROAD  
KEYSTONE HEIGHTS, FL 32656 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GILLEN, TEX F  
Address: 6617 ANDREWS ROAD  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: CFO  
Name: GILLEN, CLINTON E  
Address: 6320 BAKER ROAD  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CLINTON E GILLEN

CFO

04/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date