


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000002165 1. Entity Name ISLAND AUTO PARTS COMPANY	
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Principal Place of Business 801 E. ELKCAM CIR. MARCO ISLAND FL 34145 US	Mailing Address 801 E. ELKCAM CR. MARCO ISLAND FL 34145 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0386517	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PERSHING, KEITH 1841 DOGWOOD DR. MARCO ISLAND FL 34145	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____ (Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P PERSHING, VICKI 1841 DOGWOOD DR. MARCO ISLAND FL 34145	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000731044 05/08/07-80104-008 150.00
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	<input type="checkbox"/> Delete	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V PERSHING, KEITH 1841 DOGWOOD DR. MARCO ISLAND FL 34145	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	<input type="checkbox"/> Delete	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	<input type="checkbox"/> Delete	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 Section 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: Vicki Pershing **VICKI PERSHING** 4/20/07 239 394 9110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #