



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90025 043 ***150.00

DOCUMENT # P94000025865 1. Entity Name PINE RIDGE AUTO PARTS & SALES, INC.																													
Principal Place of Business 155 OLD TAMiami TRAIL 853 VANDERBILT NAPLES, FL 34114 US 34108				Mailing Address P.O. BOX 9001 853 VANDERBILT NAPLES, FL 33944 US 34108																									
2. Principal Place of Business 853 VANDERBILT Suite, Apt. #, etc. #264		3. Mailing Address JAME Suite, Apt. #, etc.		40038858 																									
City & State NAPLES FL		City & State		4. FEI Number 65-0481611																									
Zip 34108 Country Collier		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent DAYE, HOLLY 155 OLD TAMiami TRAIL 853 VANDERBILT NAPLES, FL 34114 #264 34108				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: <u>Holly Daye</u> DATE: 3-21-5 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DAYE, HOLLY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>155 OLD TAMiami TRAIL 853 VANDERBILT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34114 34108</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	DAYE, HOLLY		STREET ADDRESS	155 OLD TAMiami TRAIL 853 VANDERBILT		CITY-ST-ZIP	NAPLES, FL 34114 34108		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Holly Daye</u> 3-21-5 239/591-1298 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>																													