## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 09, 2005 8:00 am Secretary of State DOCUMENT # P94000086396 02-09-2005 90060 037 \*\*\*158.75 ALTERNATIVE REPLACEMENT PARTS, INC. Principal Place of Business Mailing Address 3405 22ND ST CT W BRADENTON FL 34205 3405 22ND ST CT W **BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0542420 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILCOX, DAVID W Street Address (P.O. Box Number is Not Acceptable) 308 13TH STREET WEST **BRADENTON FL 34205** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 🐎 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE ☐ Addition TITLE ☐ Delete SANDLIN, MICHAEL E NAME NAME 3405 22ND ST COURT W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34205** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE MAME NAME SANDLIN, LINDA R STREET ADDRESS 3405 22ND ST COURT WEST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34205** CITY-ST-ZIP S JUDITH S. VANMETRE GOG 21st WAY EAST BLADENTON, FL 34208 Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete THE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TUTLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

E: Michael C. Sandlin MICHAEL E. SANDLIN 2-2-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**FILED**