

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000059603

1. Entity Name
FRANK'S AUTO PARTS, INC.



Principal Place of Business

POST OFFICE BOX 570
VERNON, FL 32462

Mailing Address

POST OFFICE BOX 570
VERNON, FL 32462



D4302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3336748

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EASTERLING, FRANK M
5208 MILLERS FERRY RD.
VERNON, FL 32462

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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 FEI # applicable. (NOTE: Registered Agent signature required upon reinstatement))

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing:
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EASTERLING, FRANK M
STREET ADDRESS	3008 MAIN STREET
CITY-ST-ZIP	VERNON, FL 32462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/22/07-80093-021 150.00

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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 appointed to execute this report required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated as an attachment with my address, with my direct like approval.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Date Time Filed