

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000013585

1. Entity Name  
AUTO SUPPLY OF OKEECHOBEE, INC.



Principal Place of Business  
409 N. PARROTT AVE  
OKEECHOBEE, FL 34972

Mailing Address  
745 SE MONTEREY RD  
STUART, FL 34994



01072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0650486

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SLOAT, A. WAYNE  
745 SE MONTEREY RD.  
STUART, FL 34994

**DO NOT WRITE  
IN THIS SPACE**

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	SLOAT, A. WAYNE
STREET ADDRESS	745 SE MONTEREY RD
CITY - ST - ZIP	STUART, FL
TITLE	VP
NAME	SLOAT, GARY
STREET ADDRESS	745 SE MONTEREY RD
CITY - ST - ZIP	STUART, FL
TITLE	S
NAME	SLOAT, SOPHIE
STREET ADDRESS	745 SE MONTEREY RD
CITY - ST - ZIP	STUART, FL
TITLE	T
NAME	SMITH, KEVIN
STREET ADDRESS	745 SE MONTEREY RD
CITY - ST - ZIP	STUART, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/20/05-80044-017 158.75

**DO NOT WRITE  
IN THIS SPACE**

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 807, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all officers empowered.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #