

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90039 003 ***150.00

DOCUMENT # P96000074267

1. Entity Name

PRATTS AUTO PARTS, INC.



Principal Place of Business

315 ANSIN ROAD
ROCKLEDGE FL 32956

Mailing Address

~~P.O. BOX 360562~~
~~ROCKLEDGE FL 32956~~

2. Principal Place of Business

3. Mailing Address

315 Ansin Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Rockledge FL

Zip

Country

32956

US

4. FEI Number

59-3402362

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRATT, WILLIAM
910 JAMESTOWN DR.
ROCKLEDGE FL 32955

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 obligation of registered agent.

SIGNATURE

William Pratt President

2-19-04

(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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVP ☐ Delete
NAME PRATT, WILLIAM
STREET ADDRESS 910 JAMESTOWN DR.
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME PRATT, LISA
STREET ADDRESS 910 JAMESTOWN DR.
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lisa Pratt Lisa Pratt

2-19-04

(321) 631-1280

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #