

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000104110

1. Entity Name  
A-1 USED AUTO & TRUCK PARTS, INC.



Principal Place of Business  
1280 STATE ROAD 207  
ST AUGUSTINE, FL 32086

Mailing Address  
1280 STATE ROAD 207  
ST AUGUSTINE, FL 32086



03242004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3424123

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

HINES, JOSEPH K  
1280 STATE ROAD 207  
ST AUGUSTINE, FL 32086

**DO NOT WRITE  
IN THIS SPACE**

3. 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HINES, JOSEPH K
STREET ADDRESS	1280 STATE ROAD 207
CITY-STATE-ZIP	ST AUGUSTINE, FL 32086
TITLE	ST
NAME	HINES, KAREN M
STREET ADDRESS	1280 STATE ROAD 207
CITY-STATE-ZIP	ST AUGUSTINE, FL 32086
TITLE	VP
NAME	HINES, ROBERT W.
STREET ADDRESS	1205 RACINE RD.
CITY-STATE-ZIP	ORANGE CITY, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**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)(f), 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: Karen M Hines  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04 904-824-010  
Date Daytime Phone #