

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 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



04122006 No Chg-P CR2E034 (11/05)

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**

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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

U00000557515
05/17/06-80053-025 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HINES, JOSEPH K
STREET ADDRESS 1280 STATE ROAD 207
CITY-ST-ZIP ST AUGUSTINE, FL 32086

TITLE ST
NAME HINES, KAREN M
STREET ADDRESS 1280 STATE ROAD 207
CITY-ST-ZIP ST AUGUSTINE, FL 32086

TITLE VP
NAME HINES, ROBERT W.
STREET ADDRESS 1205 RACINE RD.
CITY-ST-ZIP ORANGE CITY, FL 32086

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06

Date

904-824-0103

Daytime Phone #