2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000064559

1. Entity Name
GREYHOUND AUTO PARTS, INC.

Principal Place of Business	Mailing Address
1596 SW 5TH AVE BOCA RATON, FL 33432	1596 SW 5TH AVE BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

08272004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0772521
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZAP, ABBEY
1596 SW 5TH AVE
BOCA RATON, FL 33432

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: Abbey Zap 8/25/04
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when changing. DATE

FILE NOW!!! FEE IS $150.00
Due by September 5, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZAP, DARREN
STREET ADDRESS	1596 SW 5TH AVE
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	DVP
NAME	ZAP, ABBEY
STREET ADDRESS	1596 SW 5TH AVE
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	DPS
NAME	ZAP, GARY S
STREET ADDRESS	1596 SW 5TH AVE
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000171344
09/01/04-80002-021 150.00

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 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: 8/25/04 561-2270373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. DATE. Daytime Phone #