
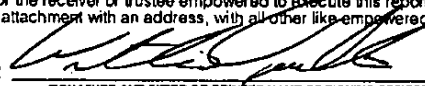


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Aug 23, 2005 8:00 am**  
**Secretary of State**

07-19-2005 90039 042 \*\*\*150.00

DOCUMENT # P97000080147					
1. Entity Name GULLIN'S PARTS CONNECTION, INC.					
Principal Place of Business 1420 GEMINI BLVD. STE 11 ORLANDO FL 32837		Mailing Address 1420 GEMINI BLVD. STE 11 ORLANDO FL 32837			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3486987	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  VIRELLA, WILLIAM 2922 LOCH ARBOR CT. ORLANDO FL 32837		7. Name and Address of New Registered Agent			
		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 obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VIRELLA, WILLIAM		NAME		
STREET ADDRESS	2922 LOCH ARBOR CT.		STREET ADDRESS		
CITY- ST- ZIP	ORLANDO FL 32837		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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: 			Date: (07) 955-9967		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		

# ATTACHMENT

06026233

Guillin's Auto Parts Connection, Inc.  
1420 Gemini Blvd., Ste. 11  
Orlando, FL 32837

August 18, 2005

FLORIDA DEPARTMENT OF STATE  
P.O. Box 6327  
Tallahassee, FL 32314

Ref. Document # P97000080147

Dear Sirs:

We have sent our check in the amount of \$ 150.00. We have received your letter dated July 22, 2005 requesting an additional amount of \$400.00 as a late fee. According to your letter a late fee is owed. We request the abatement of the penalty requested due to financial hardship. I am the wholly owned shareholder of this corporation, and I was suffering some financial struggles due to sickness of my wife. My wife was diagnosed with cancer and the medical expenses during 2004 and 2005 were horrendous in addition to that we did not have medical insurance because of the high costs.

According to the above information, I respectfully request the abatement of the penalty and your consideration to file our annual report. I apologize for the inconvenience that this situation may have caused you. If you need proof of the medical records, please, let me know.

Thank you for your consideration and prompt attention.

Cordially,



William Virella  
President



ATTACHMENT

407 252 0506  
06026232

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 22, 2005

GULLIN'S PARTS CONNECTION, INC.  
1420 GEMINI BLVD.  
STE 11  
ORLANDO, FL 32837

Subject: GULLIN'S PARTS CONNECTION, INC.

Reference Number: P97000080147

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS  
ANNUAL REPORTS SECTION