

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000109059

1. Entity Name

TALLAHASSEE AUTO PARTS, INC.



FILED

04 APR -9 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

MIRB

Principal Place of Business

2409 SPRINGHILL RD
TALLAHASSEE FL 32310

Mailing Address

2409 SPRINGHILL RD
TALLAHASSEE FL 32310

2. Principal Place of Business

2225 Lake Bradford Rd

Suite, Apt. #, etc.

3. Mailing Address

2225 Lake Bradford Rd

Suite, Apt. #, etc.

City & State

Tallahassee, FLA.

City & State

Tallahassee FLA

Zip

32310

Country

USA

Zip

32310

Country

USA

4. FEI Number

59-3483712
69-2847643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, ALLAN R
2409 SPRINGHILL RD
TALLAHASSEE FL 32310

7. Name and Address of New Registered Agent

Name ~~Tallahassee Auto Parts~~ *ALLAN R MOORE*
Street Address (P.O. Box Number is Not Acceptable)
2225 Lake Bradford Rd
City *Tallahassee* FL Zip Code *32310*

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

Allan R Moore

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/04

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

TITLE P ☐ Delete
NAME MOORE, ALLAN R
STREET ADDRESS 2409 SPRINGHILL RD
CITY-ST-ZIP TALL FL 32310

TITLE VPS ☐ Delete
NAME MOORE, ROBIN
STREET ADDRESS 2409 SPRINGHILL RD
CITY-ST-ZIP TALL FL

TITLE S ☐ Delete
NAME MILLER, ETHEL
STREET ADDRESS 2409 SPRINGHILL RD
CITY-ST-ZIP TALL FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900032975059
CITY-ST-ZIP 04/16/04--01064--005 **150.00

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

TITLE ☐ Change ☐ Addition
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allan R Moore

Date

4/8/04

Daytime Phone #

850-575-9100