

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000109059

1. Entity Name
TALLAHASSEE AUTO PARTS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 25 PM 2:46

Principal Place of Business
2225 LAKE BRADFORD RD
TALLAHASSEE, FL 32310

Mailing Address
2225 LAKE BRADFORD RD
TALLAHASSEE, FL 32310



04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3483712

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
2225 LAKE BRADFORD RD
TALLAHASSEE, FL 32310

**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: *Allan R. Moore*

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

200073417442
05/01/06--01017--026 **150.00

**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: *Robin Moore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06

Date

488-9060 4687

Daytime Phone #

4/25/06