


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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|--|--|---------|--|---|--|--|--|
| DOCUMENT # P97000109059 1. Entity Name TALLAHASSEE AUTO PARTS, INC. | | | |  | | FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 07 MAR -2 AM 11:45 | |
| Principal Place of Business 2225 LAKE BRADFORD RD TALLAHASSEE, FL 32310 | | | | Mailing Address 2225 LAKE BRADFORD RD TALLAHASSEE, FL 32310 | | | |
| 2. Principal Place of Business - No P.O. Box # | | | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent MOORE, ALLAN R. 2225 LAKE BRADFORD RD TALLAHASSEE, FL 32310 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | | 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 <input type="checkbox"/> Delete NAME P MOORE, ALLAN R STREET ADDRESS 2409 SPRINGHILL RD CITY-ST-ZIP TALL, FL 32310 | | | | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME P Allan R Moore STREET ADDRESS 2225 Lake Bradford Rd CITY-ST-ZIP TALL, FL 32310 | | | |
| TITLE <input type="checkbox"/> Delete NAME VPO MOORE, ROBIN STREET ADDRESS 2409 SPRINGHILL RD CITY-ST-ZIP TALL, FL | | | | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Rob n Moore STREET ADDRESS 2225 Lake Bradford Rd CITY-ST-ZIP TALL, FL 32310 | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | |
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| 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: <u>Robin Moore</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | <u>2-27-07</u> <small>Date</small> | | <u>850-575-9600</u> <small>Daytime Phone #</small> | |