
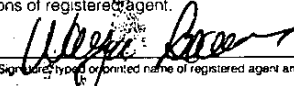
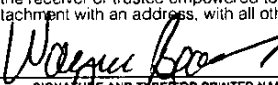


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90354 020 \*\*\*150.00

<b>DOCUMENT # P97000109196</b> 1. Entity Name LIVE OAK TRUCK PARTS, INC.																													
Principal Place of Business 140 PALM STREET LIVE OAK, FL 32060			Mailing Address PO BOX 417 LIVE OAK, FL 32064																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State		4. FEI Number 59-3487179																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  BEAVER, SUSAN 140 PALM ST. NE LIVE OAK, FL 32064				7. Name and Address of New Registered Agent Name <b>BEAVER WAYNE</b> Street Address (P.O. Box Number is Not Acceptable) <b>140 Palm St. NE</b> City <b>LIVE OAK</b> FL Zip Code <b>32064</b>																									
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:  <b>Wayne Beaver</b> DATE: <b>4/22/08</b> <small>Sign using 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, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:40%;">NAME BEAVER, WAYNE</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>140 PALM ST NE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>LIVE OAK, FL 32060</td> <td></td> </tr> </table>			TITLE	P	NAME BEAVER, WAYNE	<input type="checkbox"/> Delete	STREET ADDRESS		140 PALM ST NE		CITY - ST - ZIP		LIVE OAK, FL 32060		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:40%;">NAME BEAVER, WAYNE</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>140 PALM ST NE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>LIVE OAK FL 32064</td> <td></td> </tr> </table>			TITLE	P	NAME BEAVER, WAYNE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		140 PALM ST NE		CITY - ST - ZIP		LIVE OAK FL 32064	
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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:  <b>Wayne Beaver</b> DATE: <b>4/22/08</b> DAYTIME PHONE #: <b>386-362-1185</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													