

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

1082

04 OCT -6 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #P98000026510

1. Entity Name  
STARK AUTO PARTS, INC.



Principal Place of Business  
155 W. BROWN LEE ST.  
STARKE, FL 32091

Mailing Address  
PO BOX 999  
STARKE, FL 32091



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09232004

Chg-P

CR2E034 (10/03)

4. FEI Number  
59-3519455

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

SOUTHERLAND, BOLISA  
1485 S 8TH STREET  
FERNANDINA BEACH, FL 32035

## 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME SOUTHERLAND, ANGELA  
STREET ADDRESS 4 WATERFORD LANE  
CITY-ST-ZIP SAVANNAH, GA 31411

TITLE V ☐ Delete  
NAME SOUTHERLAND, JACKIE  
STREET ADDRESS 330 OTTER RUN DR.  
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
CITY-ST-ZIP  
900041636159  
10/06/04--01016--019 \*\*150.00

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACKIE SOUTHERLAND

Date

Daytime Phone #

261-4044

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Our company did not receive  
this Annual report until  
September - we are requesting a  
waiver - of \$400.00 -

Thank you

Mrs. Southerton

261-4044