## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P98000034277**

Entity Name

A-1 PARTS AND PERFORMANCE, INC.



FILED Feb 23, 2004 08:00 AM Secretary of State

Principal Place of Business

1205 S. ADAMS ST. TALLAHASSEE, FL 32301 Mailing Address

1205 S. ADAMS ST. TALLAHASSEE, FL 32301



## DO NOT WRITE IN THIS SPACE

01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3504702

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEYMOUR, DARREN E 1205 S. ADAMS ST. TALLAHASSEE, FL 32301

**SIGNATURE:** 

## 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 Signature, typed or proted name of registered agent and title if applicable. (NOTE: Registered Agent signature in				required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financ     Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees	U00000060765 02/23/04-80053-006 150.60
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEYMOUR, DARREN E 319 RICHBAY ROAD HAVANA, FL 32333				
TITLE NAME STREET ADDRESS GITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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.					

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR