


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90142 036 ***150.00

DOCUMENT # P98000074254 1. Entity Name FROSTPROOF AUTO PARTS, INC.					
Principal Place of Business 35 DEVANE STREET FROSTPROOF, FL 33843 US			Mailing Address 1046 TOWER BLVD. LAKE WALES, FL 33853 US		
2. Principal Place of Business 10A S. SCENIC HWY Suite, Apt. #, etc.		3. Mailing Address 10A S. SCENIC HWY Suite, Apt. #, etc.			
City & State FROSTPROOF, FL		City & State FROSTPROOF FL		4. FEI Number 59-3529307	
Zip 33843		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KENSINGER, HAROLD W 35 DEVANE STREET FROSTPROOF, FL 33843			7. Name and Address of New Registered Agent Name HAROLD W. KENSINGER Street Address (P.O. Box Number is Not Acceptable) 1046 TOWER Blvd City LAKE WALES FL Zip Code 33853		
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 <i>Michael J. Kensinger Pres</i> (NOTE: Registered Agent signature required when reinstating) DATE 4/30/05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY - ST - ZIP	DP KENSINGER, HAROLD W 1046 TOWER BLVD. LAKE WALES, FL 33853	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP KENSINGER, JOHN W 4221 POLEY LANE LAKELAND, FL 33811	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST KENSINGER, ANNETTE R 1046 TOWER BLVD. LAKE WALES, FL 33853	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT + DIRECTOR MICHAEL J KENSINGER 1924 DOYER COURT Oldsmar, FL 34677	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Michael J. Kensinger Pres</i> DATE 4/30/05					

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