

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

4/ **May 03, 2005 8:00 am**
Secretary of State

04-12-2005 90124 014 ***150.00

DOCUMENT # P99000021040

1. Entity Name
UNITED PARTS & EQUIPMENT, INC.



Principal Place of Business
**P.O. BOX 432
CALLAHAN, FL 32011**

Mailing Address
**P.O. BOX 432
CALLAHAN, FL 32011**

66010120



04012005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3563458

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**REEVES, JOHN P
15428 COUNTRY RD 108
HILLIARD, FL 32046**

**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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	REEVES, JOHN P
STREET ADDRESS	15928 COUNTRY RD 108
CITY-ST-ZIP	HILLIARD, FL 32046 <i>President</i>
TITLE	<i>Linda G. Reeves</i>
NAME	<i>15928 CR 108</i>
STREET ADDRESS	<i>Hilliard FL 32046</i>
CITY-ST-ZIP	<i>Secretary</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

John P. Reeves *4/1/05* *904-840-2525*