


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000078248 1. Entity Name REDS AUTO PARTS & MACHINE SHOP INC.	
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Principal Place of Business 3417 E 7 AVE TAMPA, FL 33605	Mailing Address 3417 E 7TH AVE TAMPA, FL 33605
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DO NOT WRITE IN THIS SPACE



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3593645	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUNCAN, VICKI 3417 E 7TH AVE TAMPA, FL 33605

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNCAN, VICKI 3417 E 7TH AVE TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WOOLSEY, MICHAEL 6819 DONALD AVE TAMPA, FL 33614
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02/07/06-80033-011 158.75

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: Vicki Duncan Vicki Duncan 1/22/06 813-247-1945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #