2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000082529

Entity Name: PARTS DIRECT, INC

FILED Jan 20, 2004 Secretary of State

Littly Na	IIIE. FARIOI	DIRECT, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	SHORE ROAI O, FL 34221)			
Current M	/lailing Addre	ss:	New Mailing Address	New Mailing Address:	
6511 BAYSHORE RD. PALMETTO, FL 34221			1992 MYRTLE BEND GERMANTOWN, TN	1992 MYRTLE BEND GERMANTOWN, TN 38139	
FEI Number	: 65-0948743	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:	
343 ALME	& UTRERA, P RIA AVENUE ABLES, FL 33				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PC (GOINGS, JON 6511 BAYSHO PALMETTO, F	RE RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (GANN, DAVE 206 FAIR RD. PRAIRIE HOM) Delete E, MO 65068	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (MARK, STU 822 E NICHOL LITTLETON, C		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (NITSCH, CHUC 1992 MYRTLE GERMANTOW	BEND	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHUCK NITSCH T 01/20/2004