

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # S25835**

1. Entity Name  
**IMPORT PARTS MARKETING, INC.**



Principal Place of Business

20 LAKE WIRE  
202  
LAKELAND, FL 33815 US

Mailing Address

PO BOX 90156  
LAKELAND, FL 33804-0156 US

**DO NOT WRITE IN THIS SPACE**



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3046313**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PALMER, RICHARD J.  
1207 HAMMOCK SHADE DR  
LAKELAND, FL 33809

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME PALMER, RICHARD J  
STREET ADDRESS 1207 HAMMOCK SHADE DR  
CITY-ST-ZIP LAKELAND, FL

TITLE D  
NAME CAMERON, HAROLD R.  
STREET ADDRESS 1217 TIMBERRIDGE LOOP S  
CITY-ST-ZIP LAKELAND, FL

TITLE D  
NAME VAVRA, BARBARA E.  
STREET ADDRESS 1515 LESLIE DR  
CITY-ST-ZIP LAKELAND, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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02/05/04-80009-002 150.00

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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)(f), 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:**

*Barbara E. Vavra*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Barbara E. Vavra, Treas*

*2/2/04*  
Date

*863-682-0300*  
Daytime Phone #