## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S80338

FILED Mar 29, 2004 Secretary of State

Entity Name: DAVE'S PARTS & SERVICE INC.

Current Principal Place of Business:			New Principal Place of Business:		
1500 US H HOLIDAY,	HWY 19 FL 34691				
Current Mailing Address:			New Mailing Address:		
1500 US H HOLIDAY,	HWY 19 FL 34691				
FEI Number	: 59-3086039	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
		004 110			
The above	RBOR, FL 34		purpose of changing its register	ed office or registered agent, or both,	
PALM HA	RBOR, FL 34 e named entity e of Florida.		purpose of changing its register	red office or registered agent, or both,	
PALM HA The above n the Stat	RBOR, FL 34 e named entity e of Florida. RE:			ed office or registered agent, or both,  Date	
PALM HAI The above n the Stat SIGNATU	RBOR, FL 34 e named entity e of Florida.  RE:Electro	submits this statement for the			
PALM HAI The above n the Stat SIGNATU	RBOR, FL 34 e named entity e of Florida.  RE:Electro	submits this statement for the point of the point Signature of Registered Aging Trust Fund Contribution ( ).	ent		
PALM HAI The above n the Stat SIGNATU	e named entity e of Florida.  RE: Electro mpaign Financii S AND DIREG	onic Signature of Registered Ageng Trust Fund Contribution ( ).  CTORS:  ) Delete  RRINGER, IUE	ent	Date	
PALM HAI The above In the State SIGNATU Election Ca DFFICER Fitle: Name: Address:	e named entity e of Florida.  RE: Electro  mpaign Financi  S AND DIRECT  P ( DAVID W. GA 98 OAK AVEN PALM HARBO	v submits this statement for the poinc Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ) Delete RRINGER, IUE JR, FL  ) Delete DAVID W., IUE	ent  ADDITIONS/CHANG  Title:  Name:  Address:	Date  GES TO OFFICERS AND DIRECTORS	

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:	DAVID W. GARRINGER	Р	03/29/2004
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