

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S95894

FILED
Apr 27, 2004
Secretary of State

Entity Name: A B & B AUTO PARTS, II, INC.

Current Principal Place of Business:

3803 SOUTH KINGS RD
CALLAHAN, FL 32011 US

New Principal Place of Business:

540111 U S HWY 1
CALLAHAN, FL 32011 US

Current Mailing Address:

3803 SOUTH KINGS RD
CALLAHAN, FL 32011 US

New Mailing Address:

540111 U S HWY 1
CALLAHAN, FL 32011 US

FEI Number: 59-3093271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, BARNETT A.
3803 SOUTH KINGS RD
CALLAHAN, FL 32011 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMPSON, A. BARNETT,
Address: 3803 S KINGS ROAD
City-St-Zip: CALLAHAN, FL 32011

Title: D () Delete
Name: THOMPSON, DEBRA H.,
Address: 3803 S KINGS ROAD
City-St-Zip: CALLAHAN, FL 32011

Title: T () Delete
Name: JADOO, MELISSA T
Address: 4626 MAPLEWOOD CT
City-St-Zip: CALLAHAN, FL 32011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: THOMPSON, A. BARNETT,
Address: 540111 U S HWY 1
City-St-Zip: CALLAHAN, FL 32011

Title: D (X) Change () Addition
Name: THOMPSON, DEBRA H.,
Address: 540111 U S HWY 1
City-St-Zip: CALLAHAN, FL 32011

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DEBRA THOMPSON

D

04/27/2004

Electronic Signature of Signing Officer or Director

Date