

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S99951

FILED
Jan 05, 2004
Secretary of State

Entity Name: HOOD'S AUTO PARTS, #1 INC.

Current Principal Place of Business:

3841 PALM BEACH BLVD
FT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

3841 PALM BEACH BLVD
FT MYERS, FL 33916

New Mailing Address:

FEI Number: 65-0300410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOOD, JOE R.
3841 PALM BEACH BLVD
FT MYERS, FL 33916 US

Name and Address of New Registered Agent:

HOOD, JOE R.
3841 PALM BEACH BLVD
FT MYERS, FL 33916 US

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: JOE R. HOOD

01/05/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: HOOD, JOE R.,
Address: 6700 OVERLOOK DR
City-St-Zip: FT MYERS, FL

Title: VPS () Delete
Name: HOOD, CONNIE S.,
Address: 6705 OVERLOOK DR
City-St-Zip: FT MYERS, FL

Title: D () Delete
Name: HOOD, KELLY G.,
Address: 48 ONE 4TH AVE
City-St-Zip: CAPE CORAL, FL

Title: D () Delete
Name: HOOD, DENNIS
Address: 4241 SILVERSWORD CT
City-St-Zip: NORTH FT MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: HOOD, JOE R.
Address: 6700 OVERLOOK DR
City-St-Zip: FT MYERS, FL 33919 US

Title: VPS (X) Change () Addition
Name: HOOD, CONNIE S.
Address: 6705 OVERLOOK DR
City-St-Zip: FT MYERS, FL 33919 US

Title: D (X) Change () Addition
Name: HOOD, KELLY J
Address: 480 NE 4TH AVE
City-St-Zip: CAPE CORAL, FL 33909 US

Title: D (X) Change () Addition
Name: HOOD, DENNIS G
Address: 4241 SILVERSWORD CT
City-St-Zip: NORTH FT MYERS, FL 33903 US

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: JOE R. HOOD

P

01/05/2004

Electronic Signature of Signing Officer or Director

Date