


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # S99951 1. Entity Name HOOD'S AUTO PARTS, #1 INC.	
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Principal Place of Business 3841 PALM BEACH BLVD FT MYERS, FL 33916	Mailing Address 3841 PALM BEACH BLVD FT MYERS, FL 33916
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0300410	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 *Joe R Hood* (NOTE: Registered Agent signature required when reinstating) 2/28/05 DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HOOD, JOE R 6700 OVERLOOK DR FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HOOD, CONNIE S 6705 OVERLOOK DR FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOD, KELLY J 480 NE 4TH AVE CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOD, DENNIS G 4241 SILVERSWORD CT NORTH FT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/03/05-80011-025 150.00

**DO NOT WRITE
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)(i), 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: *Joe R Hood* 2/28/05 239-267-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #