


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 01, 2006 08:00 AM
Secretary of State
 Y. 2506
 \$150.00

| | |
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| DOCUMENT # V01435 1. Entity Name MARK BARBOUR'S CONSOLIDATED AUTO PARTS, INC. |  |
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| Principal Place of Business 6346 GREENLAND ROAD JACKSONVILLE, FL 32223 | Mailing Address 6346 GREENLAND ROAD JACKSONVILLE, FL 32223 |
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DO NOT WRITE IN THIS SPACE



02242006 No Chg-P CR2E034 (11/05)

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|---|--------------------------------|
| 4. FEI Number 59-3097682 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BARBOUR, MARK 6346 GREENLAND ROAD JACKSONVILLE, FL 32223 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000557430 05/17/06-80051-013 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | P BARBOUR, MARK D 6346 GREENLAND RD JACKSONVILLE, FL |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VP MORGAN, SCOTT G 6346 GREENLAND RD JACKSONVILLE, FL 32258 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | TS BARBOUR, MARK D 6346 GREENLAND RD JACKSONVILLE, FL 32258 |
| 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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mark D Barbour 4-25-06 904-268-5524
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #