

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V02642

**FILED
Feb 02, 2009
Secretary of State**

Entity Name: S & W AUTO PARTS OF GRACEVILLE, INCORPORATED

Current Principal Place of Business:

5328 COTTON STREET
GRACEVILLE, FL 32440

New Principal Place of Business:

Current Mailing Address:

5328 COTTON STREET
GRACEVILLE, FL 32440

New Mailing Address:

FEI Number: 59-3099724 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SMITH, HAROLD R.
5112 HWY 77
GRACEVILLE, FL 32440 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: PD () Delete
Name: SMITH, HAROLD R.,
Address: 5112 HWY 77
City-St-Zip: GRACEVILLE, FL 32440

Title: VD () Delete
Name: SMITH, W. KEITH,
Address: 12913 ALTON SQ #305
City-St-Zip: GRACEVILLE, FL 32440

Title: S () Delete
Name: LEONARD, KIMBERLY R
Address: 5108 HWY 77
City-St-Zip: GRACEVILLE, FL 32440

Title: T () Delete
Name: SMITH, JUDITH R
Address: 5112 HWY 77
City-St-Zip: GRACEVILLE, FL 32440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: SMITH, W. KEITH,
Address: 42921 GOLF VIEW DR
City-St-Zip: CHANTILLY, VA 20152

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: HAROLD R SMITH

Electronic Signature of Signing Officer or Director

PRES

02/02/2009

_____ Date