## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 30, 2004 8:00 am Secretary of State DOCUMENT # V11218 04-30-2004 90379 040 \*\*\*150.00 UNLIMITED INSTITUTIONAL PARTS, INC. Principal Place of Business Mailing Address P.O. BOX 8014 P.O. BOX 8014 INDIAN RIVER SHORES, FL 32963 INDIAN RIVER SHORES, FL 32963 03312004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 31-1357303 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent GEISSBUNLER, J. ROBERT 220 BERMUDA BAY LANE DO NOT WRITE INDIAN RIVER SHORES, FL 32963 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!!\_FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. NAME GEISSBUHLER, J.R. STREET ADDRESS 220 BERMUDA BAY LANE CITY-ST-ZIP INDIAN RIVER SHORES, FL 32963 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TIT! F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: X

TITLE NAME STREET ADDRESS CITY-ST-7IP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR