

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V34537

FILED  
Feb 18, 2007  
Secretary of State

Entity Name: JOHN'S AUTO PARTS OF BUNNELL, INC.

## Current Principal Place of Business:

36 WINCHESTER ROAD  
ORMOND BEACH, FL 32174

## New Principal Place of Business:

## Current Mailing Address:

P.O.BOX 1984  
BUNNELL, FL 32110

## New Mailing Address:

FEI Number: 59-3128739

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KASTNER, JOHN G  
36 WINCHESTER ROAD  
ORMOND BEACH, FL 32174 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: D ( ) Delete  
Name: KASTNER, JOHN G,  
Address: 36 WINCHESTER ROAD  
City-St-Zip: ORMOND BCH, FL

Title: VP ( ) Delete  
Name: CORBRAN, JAMES  
Address: 66 ZEBULALH TR  
City-St-Zip: PALM COAST, FL

Title: VP ( ) Delete  
Name: KASTNER, ERIC  
Address: 500 SHADOWLAKES BLVD #62  
City-St-Zip: ORMAOND BCH, FL

Title: ST ( ) Delete  
Name: ALLMAN, NATALIE  
Address: P.O. BOX 1973  
City-St-Zip: BUNNELL, FL

Title: AS ( ) Delete  
Name: KASTNER, JOHN J  
Address: P.O. BOX 1984  
City-St-Zip: BUNNELL, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: NATALIE ALLMAN

ST

02/18/2007

Electronic Signature of Signing Officer or Director

Date