



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90252 012 ***150.00

DOCUMENT # V36422 1. Entity Name GERMAN PARTS WORLD, INC.																																									
Principal Place of Business 250 NATIONAL PLACE UNIT 102 LONGWOOD, FL 32750			Mailing Address 250 NATIONAL PLACE UNIT 102 LONGWOOD, FL 32750																																						
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 03162004 Chg-P CR2E034 (10/03)																																					
City & State		City & State																																							
Zip Country		Zip Country																																							
4. FEI Number 59-3125959		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 DOTSON LARRY T 250 NATIONAL PL UNIT M 2 SUITE 1400 LONGWOOD, FL 32750																																					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P <input type="checkbox"/> Delete</td> <td style="width:20%;"></td> </tr> <tr> <td>NAME</td> <td>ADSIT, KENT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12440 S. OLD ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MUNCIE, IN</td> <td></td> </tr> </table>		TITLE	P <input type="checkbox"/> Delete		NAME	ADSIT, KENT		STREET ADDRESS	12440 S. OLD ROAD		CITY-ST-ZIP	MUNCIE, IN																									
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																									
				Date _____ Daytime Phone # _____																																					