

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V63908

FILED
Apr 24, 2007
Secretary of State

Entity Name: SOUTHERN PARTS AND AUTO CENTER, INC.

Current Principal Place of Business:

6344 JANE'S LANE
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

6344 JANE'S LANE
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 65-0392535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAY, JANA V.
3061 TERRACE AVENUE
NAPLES, FL 33942 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: MOORE, JOEY,
Address: 6344 JANE'S LANE
City-St-Zip: NAPLES, FL

Title: D () Delete
Name: MOORE, NORMA,
Address: 6344 JANE'S LANE
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MOORE, JOEY,
Address: 2310 6TH AVE N E
City-St-Zip: NAPLES, FL 34120

Title: D (X) Change () Addition
Name: MOORE, NORMA,
Address: 2310 6TH AVE N E
City-St-Zip: NAPLES, FL 34120

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: JOEY MOORE

D

04/24/2007

Electronic Signature of Signing Officer or Director

Date