


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # H27775
 1. Entity Name
 PAGE BROS. AUTO SUPPLY, INC.



Principal Place of Business Mailing Address
 US 27 SOUTH 344 N.E. CANDY LANE
 MAYO, FL 32066 US MAYO, FL 32066 US

DO NOT WRITE IN THIS SPACE



02122008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2472400	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PAGE, RITCHIE L.
 344 NE CANDY LANE
 MAYO, FL 32066

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	00000834006 04/24/08-80010-022 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PAGE, RITCHIE L. 344 N.E. CANDY LN. MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PAGE, JOANNE 344 N.E. CANDY LAKE MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ritchie L. Page Ritchie L. Page 4/10/08 386 294 2834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #