## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 20, 2006 8:00 am Secretary of State **DOCUMENT # P04000070546** 1. Entity Name 04-20-2006 90176 046 \*\*\*150.00 FACTORY MUSCLE PARTS, INC. Principal Place of Business Mailing Address 6910 WILLIAMS ROAD 6910 WILLIAMS ROAD SEFFNER, FL 33584 SEFFNER FL 33584 2. Principal Place of Business 3. Mailing Address 33377 Kowntree Suite, Apt. #, etc. 04132006 Chq-P CR2E034 (11/05) 4. FEI Number Applied For Manoe idae Manor 20-1067195 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERR Douglas Street Address (P.O. Box Number is Not Acceptable) ekr HERR, DOUGLAS W 6910 WILLIAMS ROAD SEFFNER, FL 33584 Rountree 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. rasident 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. mle PTD ☐ Delete TITLE PTD M Change ☐ Addition NAME HERR, DOUGLAS W NAME Herr Douglas W. STREET ADDRESS 6910 WILLIAMS ROAD STREET ADDRESS 33377 Rowntree Drive Ridge Manor 74 33523 CITY-ST-ZIP SEFFNER, FL 33584 CITY-ST-7IP VSD TIRE ☐ Delete TTT F **™** Change ☐ Addition Herr, Renee m 133377 Rowntree Drive 133377 Rowntree Drive NAME HERR. RENEE M NAME STREET ADDRESS 6910 WILLIAMS ROAD STREET ADDRESS CITY-ST-ZIP SEFFNER, FL 33584 CITY-ST-7IP TIRE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

Dougler vilen.

4-14-06

352-583-2212

**FILED**