



STATE OF ARIZONA
CORPORATION COMMISSION
CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE

AZ Corp. Commission



02237095

DUE ON OR BEFORE 11/29/2007

FY07-08

FILING FEE \$45.00

The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§10-121.A. & 10-3121.A. YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions on page 4 for proper format.

RECEIVED

NOV 29 2007

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

1. F-0741549-0
GRAND CANYON AUTO SUPPLY, INC.
1865 E BUTLER AVE
FLAGSTAFF, AZ 86001

Business Phone: 928-774-7733 (Business phone is optional.)

State of Domicile: GEORGIA Type of Corporation: PROFIT

2. Statutory Agent: BRENT CROSSER Physical Address, If Different.
Mailing Address: 1865 E BUTLER AVE Physical Address:
City, State, Zip: FLAGSTAFF, AZ 86001 City, State, Zip:

ACC USE ONLY

Fee \$ _____
Penalty \$ _____
Reinstate \$ _____
Expedite \$ _____
Resubmit \$ _____

Use this box only if appointing a new Statutory Agent

If appointing a new statutory agent, the new agent **MUST** consent to that appointment by signing below.

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Signature of new Statutory Agent

Printed Name of new Statutory Agent

3. Secondary Address:

(Foreign Corporations are **REQUIRED** to complete this section).

2999 CIRCLE 75 PKWY
ATLANTA, GA 30339

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

- ___ 1. Accounting
___ 2. Advertising
___ 3. Aerospace
___ 4. Agriculture
___ 5. Architecture
___ 6. Banking/Finance
___ 7. Barbers/Cosmetology
___ 8. Construction
___ 9. Contractor
___ 10. Credit/Collection
___ 11. Education
___ 12. Engineering
___ 13. Entertainment
___ 14. General Consulting
___ 15. Health Care
___ 16. Hotel/Motel
___ 17. Import/Export
___ 18. Insurance
___ 19. Legal Services
___ 20. Manufacturing
___ 21. Mining
___ 22. News Media
___ 23. Pharmaceutical
___ 24. Publishing/Printing
___ 25. Ranching/Livestock
___ 26. Real Estate
___ 27. Restaurant/Bar
___ 28. Retail Sales
___ 29. Science/Research
___ 30. Sports/Sporting Events
___ 31. Technology(Computers)
___ 32. Technology(General)
___ 33. Television/Radio
___ 34. Tourism/Convention Services
___ 35. Transportation
___ 36. Utilities
___ 37. Veterinary Medicine/Animal Care
X 38. Other Auto & Truck Parts

NON-PROFIT CORPORATIONS

- ___ 1. Charitable
___ 2. Benevolent
___ 3. Educational
___ 4. Civic
___ 5. Political
___ 6. Religious
___ 7. Social
___ 8. Literary
___ 9. Cultural
___ 10. Athletic
___ 11. Science/Research
___ 12. Hospital/Health Care
___ 13. Agricultural
___ 14. Animal Husbandry
___ 15. Homeowner's Association
___ 16. Professional, commercial industrial or trade association
___ 17. Other _____

5. CAPITALIZATION: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate. **Please Print or Type Clearly.**

5a. Please examine the corporation's original Articles of Incorporation for the amount of **shares authorized**.

Number of Shares/Certificates **Authorized**

Class

Series Within Class (if any)

1000Common

5b. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of **shares issued**.

Number of Shares/Certificates **Issued**

Class

Series Within Class (if any)

490Common**6. SHAREHOLDERS:** (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation. **Please Type or Print Clearly.**

Name: Brent Crossen Name: _____NONE ☐

Name: _____ Name: _____

7. OFFICERS Please Type or Print Clearly. You Must List at Least One.Name: Brent Crossen Name: _____Title: Pres Title: _____

Address: _____ Address: _____

Date taking office: 2-1-1995 Date taking office: _____Name: Elizabeth Crossen Name: _____Title: Treas Title: _____

Address: _____ Address: _____

Date taking office: 2-1-1995 Date taking office: _____**8. DIRECTORS** Please Type or Print Clearly. You Must List at Least One.Name: Brent Crossen Name: _____Address: 5560 E Buckhorn Tr Address: _____Flagstaff AZ 86004Date taking office: 2-1-1995 Date taking office: _____

Name: _____ Name: _____

Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

9. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)

Nonprofit corporations **must attach** a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6)

Only Nonprofit Corporations must answer this question.

This corporation **DOES** ☐ **DOES NOT** ☐ have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or person controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been: [Underlined portion pertains to business corporations only]

1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
3. Or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:
 - (a) fraud or registration provisions of the securities laws of that jurisdiction, or
 - (b) the consumer fraud laws of that jurisdiction, or
 - (c) the antitrust or restraint of trade laws of that jurisdiction?

One box **must** be marked:

YES ☐ NO ☒

If "YES", the following information **must be submitted** as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- | | |
|---|---|
| 1. Full name and prior names used. | 5. Date and location of birth. |
| 2. Full birth name. | 6. Social Security Number |
| 3. Present home address. | 7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). | |

11. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.D.2, 10-1623 & 10-11623)

A) Has the corporation filed a petition for bankruptcy or appointed a receiver?

One box **must** be marked:

YES ☐ NO ☒

B) Has any person serving as an officer, director, trustee or incorporator of the corporation served in any such capacity OR held or controlled over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any other corporation which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction?

[Underlined portion pertains to business corporations only]

One box **must** be marked:

YES ☐ NO ☒

If "YES" to A and/or B, the following information **must be submitted** as an attachment to this report for each person subject to the statement above.

1. The names and addresses of each corporation and the person or persons involved. (e.g. officer, director, trustee or major stockholder)
2. The state in which each corporation was a) incorporated b) transacted business.
3. The dates of corporate operation.
4. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation.
5. Date, Case number and Court where the bankruptcy was filed or receiver appointed.
6. Name and address of court appointed receiver.

12. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected.

I declare, under penalty of law that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been filed with the Arizona Department of Revenue. I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name Brent Crosse Date 11-26-07 Name _____ Date _____

Signature [Signature] Signature _____

Title Pres Title _____

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)