


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000035544


1. Entity Name
JMT AUTO, INC.



Principal Place of Business
2430 JULIE LANE
HOLIDAY, FL 34690

Mailing Address
2430 JULIE LANE
HOLIDAY, FL 34690

DO NOT WRITE IN THIS SPACE



02262007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3638982	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAUSLEIN, LAURA A
1740 SPRINGDALE DR
HOLIDAY, FL 34691

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when restateing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAUSLEIN, THOMAS J 2430 JULIE LANE HOLIDAY, FL 34690
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAUSLEIN, LAURA A 2430 JULIE LANE HOLIDAY, FL 34690
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04/26/07-80035-001 158.75

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: *Laura A. Hauslein* LAURA A. HAUSLEIN

4/13/07 727-942-7458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #