

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000011399

**Entity Name:** JOE'S AUTO SERVICE, INC.

**Current Principal Place of Business:**

JOES AUTO SERV INC  
4350 FLORA AVE  
HOLIDAY, FL 34691

**Current Mailing Address:**

JOES AUTO SERV INC  
4350 FLORA AVE  
HOLIDAY, FL 34691

**FEI Number:** 59-3356989

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NAVARRO, JOE M  
4350 FLORA AVE  
HOLIDAY, FL 34691 US

*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

**Officer/Director Detail :**

|                 |                      |                 |                    |
|-----------------|----------------------|-----------------|--------------------|
| Title           | PD                   | Title           | STD                |
| Name            | NAVARRO, JOE MICHAEL | Name            | NAVARRO, KATHY ANN |
| Address         | 4350 FLORA AVE       | Address         | 4350 FLORA AVE     |
| City-State-Zip: | HOLIDAY FL 34691     | City-State-Zip: | HOLIDAY FL 34691   |

*I hereby 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 all other like empowered.*

**SIGNATURE:** KATHY ANN NAVARRO

**SEC**

**04/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date