2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 468400

1. Entity Name
J.D. LASH CARS, CORP.

FILED

FILED
Apr 23, 2007 08:00 A
Secretary of State

Principal Place of Business	Mailing Address
4114 SOUTH ORLANDO DRIVE SANFORD, FL 32773	4114 SOUTH ORLANDO DRIVE SANFORD, FL 32773

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04192007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1578552	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COPELAND, RICHARD W
631 PALM SPRINGS DRIVE
SUITE 115
ALTAMONTE SPRINGS, FL 32701

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   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	PD
NAME	LASH, JAMES D
STREET ADDRESS	4114 SOUTH ORLANDO DR
CITY-ST-ZIP	SANFORD, FL

TITLE	STD
NAME	LASH, STEVEN J
STREET ADDRESS	4114 SOUTH ORLANDO DR
CITY-ST-ZIP	SANFORD, FL

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05/01/07-80127-025 150.00

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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: _____ 5/7/0 Steven J Lash 42007 4073210941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #