


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 08:00 AM
Secretary of State

DOCUMENT # H19661 1. Entity Name B.J.'S AUTO WHOLESALE, INC.					
Principal Place of Business 5506 BAYSHORE RD. PALMETTO FL 34221-3122 US			Mailing Address 5507 36TH AVE E PALMETTO FL 34221-3122 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2460183 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NIXON, JAMES M., ATTORNEY 1400 4TH AVE. W. BRADENTON FL 33505			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<div style="display: flex; justify-content: space-between;"> <div>10. OFFICERS AND DIRECTORS</div> <div>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</div> </div>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MEDEIROS, JOHN 5507 36TH AVE E PALMETTO FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MEDEIROS, TERRY L. 5507 36TH AVE E PALMETTO FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Terry L. Medeiros</i> VP.				3.7.05 941-729-2296	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	