


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

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| DOCUMENT # J30705 1. Entity Name JOMAX AUTO SALES (INC.) |  |
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| Principal Place of Business 37746 EILAND BLVD ZEPHYRHILLS, FL 33541 | Mailing Address 37746 EILAND BLVD ZEPHYRHILLS, FL 33541 |
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01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-2684655 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent MAXON, ROBERT A. 6427 GALL BLVD. ZEPHYRHILLS, FL 33541 |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MAXON, ROBERT A. 2401 HIGHWAY 39 SOUTH ZEPHYRHILLS, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MAXON, CHERYL L. 2401 HIGHWAY 39 SOUTH ZEPHYRHILLS, FL |
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| <p>000000577535 01/08/07-80019-020 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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: Robert A. Maxon 1/4/07 813-788-5539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #