


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 A
Secretary of State

DOCUMENT # J48858 1. Entity Name JIFFY EXHAUST SYSTEMS, INC.	
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Principal Place of Business 206 SOUTH MAIN ST. WILDWOOD, FL 34785	Mailing Address 206 SOUTH MAIN ST. WILDWOOD, FL 34785
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2767183	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAVEIGNE, WILLIAM W.
206 S. MAIN ST.
WILDWOOD, FL 34785

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	P LAVEIGNE, WILLIAM W. 206 S MAIN ST WILDWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STV LAVEIGNE, CHERYL ANN 206 S MAIN ST WILDWOOD, FL
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U00000787380
 01/17/08-80079-018 \$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: Cheryl A. Laveigne Cheryl A. Laveigne 1/4/08 352.748.5407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #