

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2005 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                        |                    |                                                                                                                                                                                         |                                                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # J51556</b><br>1. Entity Name<br><b>JACK REVELS AUTO SALES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                        |                    |                                                                                                                                                                                         |                                                                                                                                                                       |  |
| Principal Place of Business<br><b>PO BOX 155<br/>633 N. ORANGE AVE<br/>GREEN COVE SPRINGS FL 32043</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        |                    | Mailing Address<br><b>PO BOX 155<br/>633 N. ORANGE AVE<br/>GREEN COVE SPRINGS FL 32043</b>                                                                                              |                                                                                                                                                                       |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                        | 3. Mailing Address |                                                                                                                                                                                         |                                                                                                                                                                       |  |
| Suite, Apt #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        | Suite, Apt #, etc. |                                                                                                                                                                                         |                                                                                                                                                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                        | City & State       |                                                                                                                                                                                         |                                                                                                                                                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                                | Zip                | Country                                                                                                                                                                                 |                                                                                                                                                                       |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                        |                    | 7. Name and Address of New Registered Agent                                                                                                                                             |                                                                                                                                                                       |  |
| <b>REVELS, JACK R., SR.<br/>633 N. ORANGE AVE<br/>GREEN COVE SPRINGS FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                        |                    | Name<br>Street Address (P. O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                                                                                                       |  |
| 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                        |                    |                                                                                                                                                                                         |                                                                                                                                                                       |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                        |                    | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                                      |                                                                                                                                                                       |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                        |                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                   |                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>P<br/>REVELS, JACK R.<br/>3095 REVELS RD<br/>GREEN COVE SPRGS FL</b> <input type="checkbox"/> Delete                |                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                      | <div style="text-align: center;"> <b>1100000234523</b><br/> <b>02/18/05-80025-003 150.00</b> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>VPST<br/>REVELS, JACK R JR<br/>3919 RANDALL RD.<br/>GREEN COVE SPRINGS FL 32043</b> <input type="checkbox"/> Delete |                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>VP<br/>REVELS, ADAM B<br/>539 PALMETTO AVE.<br/>GREEN COVE SPRINGS FL 32043</b> <input type="checkbox"/> Delete     |                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>VP<br/>REVELS, JOSHUA M<br/>539 PALMETTO AVE.<br/>GREEN COVE SPRINGS FL 32043</b> <input type="checkbox"/> Delete   |                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                        |                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                        |                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                     |  |
| 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. |                                                                                                                        |                    |                                                                                                                                                                                         |                                                                                                                                                                       |  |
| <b>SIGNATURE:  JACK R. REVELS 02/14/05 904 284-5225</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                        |                    |                                                                                                                                                                                         |                                                                                                                                                                       |  |



1st MOORE CR2E034 (10/04)