

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # J51556

1. Entity Name
JACK REVELS AUTO SALES, INC.



Principal Place of Business
**PO BOX 155
633 N. ORANGE AVE
GREEN COVE SPRINGS, FL 32043**

Mailing Address
**PO BOX 155
633 N. ORANGE AVE
GREEN COVE SPRINGS, FL 32043**



07062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2754152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**REVELS, JACK R., SR.
633 N. ORANGE AVE
GREEN COVE SPRINGS, FL**

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	REVELS, JACK R.
STREET ADDRESS	3095 REVELS RD
CITY-ST-ZIP	GREEN COVE SPRGS, FL
TITLE	VPST
NAME	REVELS, JACK R JR
STREET ADDRESS	3919 RANDALL RD.
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	VP
NAME	REVELS, ADAM B
STREET ADDRESS	539 PALMETTO AVE.
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	VP
NAME	REVELS, JOSHUA M
STREET ADDRESS	539 PALMETTO AVE.
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/10/06-80003-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/06/06

Date

404 284-5225

Daytime Phone #