

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J51556

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: JACK REVELS AUTO SALES, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

633 N. ORANGE AVE  
GREEN COVE SPRINGS, FL 32043

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 59-2754152      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: REVELS, JACK R.,  
Address: 3095 REVELS RD  
City-St-Zip: GREEN COVE SPRGS, FL

Title: VPST ( ) Delete  
Name: REVELS, JACK R JR  
Address: 3919 RANDALL RD.  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP ( ) Delete  
Name: REVELS, ADAM B  
Address: 539 PALMETTO AVE.  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP ( ) Delete  
Name: REVELS, JOSHUA M  
Address: 539 PALMETTO AVE.  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: REVELS, ADAM B  
Address: 539 N PALMETTO AVE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP (X) Change ( ) Addition  
Name: REVELS, JOSHUA M  
Address: 3091 REVELS RD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSHUA REVELS

VP

03/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date