2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L45054

1. Entity Name
J & S AUTOMOTIVE, INC.

Principal Place of Business	Mailing Address
234 NE 6TH AVE BOYNTON BEACH, FL 33435	234 NE 6TH AVE BOYNTON BEACH, FL 33435

DO NOT WRITE IN THIS SPACE

01062005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0195084	Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSHIER, ROBERT JR
1002 CORAL COURT
BOYNTON BEACH, FL 33426

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
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PSD
NAME	WRIGHT, JOHN
STREET ADDRESS	425 SW 1ST AVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33435

TITLE	VTD
NAME	MOSHIER, ROBERT
STREET ADDRESS	1002 CORAL COURT
CITY-ST-ZIP	BOYNTON BEACH, FL 33426

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/05-80006-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Moshier_ 1/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Title   Daytime Phone #
561-364-1812