

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90314 040 ****70.00

DOCUMENT # N95000004972					
1. Entity Name JOHNNY'S AUTO & TRUCK SERVICE, INC.					
Principal Place of Business 2516 MARTHA STREET JACKSONVILLE, FL 32244			Mailing Address 7051 SHADY PINE CT JACKSONVILLE, FL 32244		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04272004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3342043				Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENNEFIELD, JOHNNY 5291 COLLINS RD #186 JACKSONVILLE, FL 32244			7. Name and Address of New Registered Agent Name <u>Bennefield Johnny</u> Street Address (P.O. Box Number is Not Acceptable) <u>7051 Shady Pines CT</u> City <u>Jacksonville</u> <u>FL</u> Zip Code <u>32244</u>		
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 <u><i>Johnny Bennefield</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/16/2003</u>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BENNEFIELD, JOHNNY 7051 SHADY PINES CT JACKSONVILLE, FL 32244	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BENNEFIELD, BARBARA 7051 SHADY PINES CT JACKSONVILLE, FL 32244	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BENNEFIELD, JOHNNY JR PO BOX 14141 JACKSONVILLE, FL 32244	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 617, 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: <u><i>Johnny Bennefield</i></u>			Date <u>04/18/04</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		