

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000002075

1. Entity Name
JACKSONVILLE VOLKSWAGEN DEALERS ADVERTISING ASSOCIATION INC.



Principal Place of Business Mailing Address

9850 ATLANTIC BLVD 9850 ATLANTIC BLVD
JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225

DO NOT WRITE IN THIS SPACE



04162004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3457273	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSH, JOHN P
9850 ATLANTIC BLVD
JAX, FL 32225

**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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**Filing Fee is \$61.25
Due by May 1, 2004**

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

U00000139090
04/29/04-80106-036 8.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	O'STEEN, MARK
STREET ADDRESS	2525 PHILLIPS HIGHWAY
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	BUSH, JOHN P
STREET ADDRESS	9850 ATLANTIC BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	D
NAME	TISDELLE, ASH
STREET ADDRESS	1481 WELLS ROAD
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/29/04-80106-037 61.25

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: John P. Bush 4-22-04 904-725-0911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #