

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90732 027 ****61.25

DOCUMENT # N99000003922					
1. Entity Name JACKSONVILLE PARTS & SERVICE TOYOTA DEALER ADVERTISING ASSOCIATION, INC.					
Principal Place of Business 470 COLUMBIA DRIVE G-101 WEST PALM BEACH, FL 33409			Mailing Address 470 COLUMBIA DRIVE G-101 WEST PALM BEACH, FL 33409		
2. Principal Place of Business c/o Cass, Levy & Leone, LC Suite, Apt. #, etc. 440 Columbia Drive, Suite #500 City & State West Palm Beach, FL Zip 33409		3. Mailing Address c/o Cass, Levy & Leone, LC Suite, Apt. #, etc. 440 Columbia Drive, Suite #500 City & State West Palm Beach, FL Zip 33409			
04282004 Chg-NP CR2E037 (10/03)				4. FEI Number 59-3583571	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GENDUSA, VINCENT M 470 COLUMBIA DRIVE G-101 WEST PALM BEACH, FL 33409			7. Name and Address of New Registered Agent Name Gendusa, Vincent M. Street Address (P.O. Box Number is Not Acceptable) c/o Cass, Levy & Leone, LC 440 Columbia Drive, Suite #500 City West Palm Beach FL Zip Code 33409		
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 <u>4/25/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	PD HURLBERT, ROBERT 10939 ATLANTIC BOULEVARD JACKSONVILLE, FL 32255	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HURLBERT, ROBERT 6501 YOUNGERMAN CIRCLE JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD KLAUSS, KEVIN 10564 PHILLIPS HIGHWAY JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRIS, AL 310 CASSAT AVENUE JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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>Robert Hurlbert</u> <u>4/25/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					