

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90296 009 \*\*\*\*70.00

**DOCUMENT # N99000003922**

1. Entity Name  
**JACKSONVILLE PARTS & SERVICE TOYOTA DEALER  
ADVERTISING ASSOCIATION, INC.**



Principal Place of Business  
**C/O CASS, LEVY & LEONE, LC  
440 COLUMBIA DR., STE. 500  
WEST PALM BEACH, FL 33409**

Mailing Address  
**C/O CASS, LEVY & LEONE, LC  
440 COLUMBIA DR., STE. 500  
WEST PALM BEACH, FL 33409**

**50051017**



2. Principal Place of Business

3. Mailing Address

05032005 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3583571**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GENDUSA, VINCENT M  
C/O CASS, LEVY & LEONE, LC  
440 COLUMBIA DR., STE. 500  
WEST PALM BEACH, FL 33409**

Name  
**Miller McCormick**

Street Address (P.O. Box Number is Not Acceptable)

**10939 Atlantic Ave.**

City  
**Jacksonville,**

**FL**

Zip Code  
**32225**

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

*Miller McCormick*

*5/6/05*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by September 7, 2005**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
HURLBERT, ROBERT  
6501 YOUNGERMAN CIR.  
JACKSONVILLE, FL 32244** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPSD  
KLAUSS, KEVIN  
10564 PHILLIPS HIGHWAY  
JACKSONVILLE, FL 32256** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
HARRIS, AL  
310 CASSAT AVENUE  
JACKSONVILLE, FL 32205** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
Claus, Kevin  
10564 Phillips Highway  
Jacksonville, FL 32256** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPSD  
McCormick, Miller  
10939 Atlantic Ave.  
Jacksonville, FL 32225** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
Lee, Roby  
1310 Cassat Ave.  
Jacksonville, FL 32205** ☐ Change ☒ Addition

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:

*Miller McCormick*

*5/6/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #