

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000000353

1. Entity Name
JOHN'S QUALITY AUTOMOTIVE, INC.



Principal Place of Business
**8201 PARK BLVD
SEMINOLE, FL 33777**

Mailing Address
**8201 PARK BLVD
SEMINOLE, FL 33777**



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3690099

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**POHLMAN, MARK S
801 W BAY DRIVE STE 515
LARGO, FL 33770**

**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	PVST
NAME	DAVIS, JOHN E
STREET ADDRESS	1511 4 STREET SW
CITY-ST-ZIP	LARGO, FL 33770
TITLE	D
NAME	DAVIS, JOHN E
STREET ADDRESS	1511 4 STREET SW
CITY-ST-ZIP	LARGO, FL 33770
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/17/05-80014-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Davis **John Davis**

3-1505

727-344-7399

Date

Daytime Phone