

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90106 048 \*\*\*150.00

**DOCUMENT # P01000000754**

1. Entity Name  
**BEST AUTOS OF JAX, INC.**



Principal Place of Business  
**9114 LEM TURNER ROAD  
JACKSONVILLE, FL 32208**

Mailing Address  
**9114 LEM TURNER ROAD  
JACKSONVILLE, FL 32208**

**50011427**



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3697687**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TULLIS, GARY B  
8825 PERIMETER PARK BLVD, SUITE 102  
JACKSONVILLE, FL 32216**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BOCHNIA, JOHN S
STREET ADDRESS	2920 DUPONT AVE
CITY-STATE-ZIP	JACKSONVILLE, FL 32217
TITLE	V
NAME	WHISNANT, JOHN
STREET ADDRESS	1411 WOODSONG LOOP S
CITY-STATE-ZIP	JACKSONVILLE, FL 32225
TITLE	V
NAME	Warren, Bruce
STREET ADDRESS	2339 Eagles Nest Rd,
CITY-STATE-ZIP	Jacksonville, Fl. 32246
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied in this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

*John C. Whisnant*  
**John C. Whisnant v. 3/28/06 904/713-2378**