2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000032637

1. Entity Name
J L DOWLING PAINT & BODY SHOP, INC.

Principal Place of Business	Mailing Address
3513 SOUTH BOWDEN ROAD	3513 SOUTH BOWDEN ROAD
JACKSONVILLE, FL 32216	JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE

01072005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
75-2986108		Not Applicable
5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DOWLING, JOHNIE
3513 SOUTH BOWDEN ROAD
JACKSONVILLE, FL 32216

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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	D	
NAME	DOWLING, JOHNIE	
STREET ADDRESS	3513 SOUTH BOWDEN ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	S	
NAME	DOWLING, SUSAN	
STREET ADDRESS	2978 FARMER TERRACE	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _Susan R. Dowling_ Susan R. Dowling 1-19-05 9047332979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #