

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000032637 1. Entity Name J L DOWLING PAINT & BODY SHOP, INC.					
Principal Place of Business 3513 SOUTH BOWDEN ROAD JACKSONVILLE FL 32216			Mailing Address 3513 SOUTH BOWDEN ROAD JACKSONVILLE FL 32216		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 75-2986108	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOWLING, JOHNNIE 3513 SOUTH BOWDEN ROAD JACKSONVILLE FL 32216				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reconstituting)					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWLING, JOHNNIE 3513 SOUTH BOWDEN ROAD JACKSONVILLE FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOWLING, SUSAN 2978 FARMER TERRACE JACKSONVILLE FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
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1st MOORE CR2E034 (10/05)

4. FEI Number **75-2986108** Applied For Not Applicable

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

**DOWLING, JOHNNIE
3513 SOUTH BOWDEN ROAD
JACKSONVILLE FL 32216**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

U00000523354
05/03/06-80068-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Susan R. Dowling **Susan R. Dowling** 4-18-06 904733-2976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #