


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000077229**

1. Entity Name  
JEFFERSON THOMAS AUTOMOTIVE SALES & REPAIR,  
INCORPORATED



Principal Place of Business      Mailing Address

403 HAWK STREET      875 BARTEL LANE  
ROCKLEDGE, FL 32955 US      ROCKLEDGE, FL 32955

**DO NOT WRITE IN THIS SPACE**



02102005    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-3746539	Applied For Not Applicable
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5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, JEFFERSON  
875 BARTEL LANE  
ROCKLEDGE, FL 32955

**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY - ST - ZIP	DP THOMAS, JEFFERSON 875 BARTEL LANE ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV THOMAS, JEFFERSON 875 BARTEL LANE ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST THOMAS, JUANITA 875 BARTEL LANE ROCKLEDGE, FL 32955
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**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jefferson Thomas      Date: Feb. 10, 2005

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