



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90337 023 ***150.00

| | | | | | |
|---|-----------------------------------|---|---|--|--|
| DOCUMENT # P01000090021 1. Entity Name JLJ 'S FAMILY AUTO SALES, INC. | | | |  | |
| Principal Place of Business 101 W. CENTRAL AVE. LAKE WALES, FL, 33853 | | Mailing Address 14 BOGEY DRIVE WINTER HAVEN, FL 33881 | | 50040078  | |
| 2. Principal Place of Business | | 3. Mailing Address | | 02262005 Chg-P CR2E034 (10/03) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 59-3747790 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| JOHNSEY, LINDA S 14 BOGEY DRIVE WINTER HAVEN, FL 33881 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | P <input type="checkbox"/> Delete | TITLE | P/B <input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad | | |
| NAME | JOHNSEY, JERRY E | NAME | | | |
| STREET ADDRESS | 14 BOGEY DRIVE | STREET ADDRESS | | | |
| CITY-ST-ZIP | WINTER HAVEN, FL 33881 | CITY-ST-ZIP | | | |
| TITLE | V <input type="checkbox"/> Delete | TITLE | V/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad | | |
| NAME | JOHNSEY, LINDA S | NAME | | | |
| STREET ADDRESS | 14 BOGEY DRIVE | STREET ADDRESS | | | |
| CITY-ST-ZIP | WINTER HAVEN, FL 33881 | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | V/B <input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad | | |
| NAME | | NAME | JOHNSEY, JAY D. | | |
| STREET ADDRESS | | STREET ADDRESS | 101 W. CENTRAL AVE. | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | LAKE WALES, FL 33853 | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Ad | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Ad | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda S. Johnsey - LINDA S. JOHNSEY. 2/26/05 (863) 679-7888