


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000095800
1. Entity Name
JOHN'S AUTO SALES, INC.



Principal Place of Business
**5001 S. WESTSHORE BLVD.
TAMPA, FL 33611**

Mailing Address
**5001 S. WESTSHORE BLVD.
TAMPA, FL 33611**



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3752111

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CAPELO, NOEMI
5001 S. WESTSHORE BLVD.
TAMPA, FL 33611**

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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 *Noemi Capelo* *vice president* 1-19-04
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, 2004 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 | PTD CAPELO, JOHN G 5001 S. WESTSHORE BLVD. TAMPA, FL 33611 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD CAPELO, NOEMI 5001 S. WESTSHORE BLVD. TAMPA, FL 33611 |
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01/23/04-80014-015 150.00

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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: *Noemi Capelo* 1-19-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #