2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 22, 2005 08:00 AM Secretary of State DOCUMENT # P01000095800 JOHN'S AUTO SALES, INC. Principal Place of Business Mailing Address 5001 S. WESTSHORE BLVD. 5001 S. WESTSHORE BLVD. TAMPA, FL 33611 **TAMPA FL 33611** 04112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3752111 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAPELO, NOEMI DO NOT WRITE 5001 S. WESTSHORE BLVD. TAMPA, FL 33611 IN THIS SPACE 9. 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTD TITLE NAME CAPELO, JOHN G STREET ADDRESS 5001 S. WESTSHORE BLVD. TAMPA, FL 33611 CITY-ST-7IP VSD TITLE U00000323247 NAME CAPELO, NOEMI 04/22/05-80044-018 150.00 STREET ADDRESS 5001 S. WESTSHORE BLVD. TAMPA, FL 33611 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CJTY-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 if changed, or on an attachment with an address, with all other like empowered

INTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OF

FILED