


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 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

DO NOT WRITE IN THIS SPACE



02152006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3752111	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *John Capelo* DATE: 2/18/06 DAYTIME PHONE #: 813 839-0358