

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 29 PM 12:56

DOCUMENT # P02000129029

1. Entity Name
J.D. "SWEET DEAL AUTO", INC.



Principal Place of Business
498 HIGHWAY 27 SOUTH
MOORE HAVEN, FL 33471 US

Mailing Address
PO BOX 999
MOORE HAVEN, FL 33471

2. Principal Place of Business
300 East Cowboy Way
Suite, Apt. #, etc.

3. Mailing Address
300 E. Cowboy Way
Suite, Apt. #, etc.

City & State
LaBelle Fla

City & State
LaBelle Fla

Zip
33935

Country
Hendry

Zip
33935

Country
Hendry



11212005 REIN-P CR2E098 (6/04)

4. FEI Number
36-4515814

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MCQUAID, MARCELLA L
4015 WEST SUNFLOWER CIRCLE
LABELLE, FL 33935

ADDRESS change →

7. Name and Address of New Registered Agent
Name
Marcella L Campbell
Street Address (P.O. Box Number is Not Acceptable)
3002 Heart Ct.
City
LaBelle FL Zip Code
33935

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 Marcella L. Campbell
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE 11/28/05

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCQUAID, MARCELLA 4015 W SUNFLOWER CIRCLE LABELLE, FL 33935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Marcella L Campbell <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition name 3002 Heart Ct. LaBelle Fla 33935 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HUTCHINSON, JOE R 4015 W SUNFLOWER CIRCLE LABELLE, FL 33935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600061746136 11/29/05--01025--005 **158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Marcella L. Campbell 11/28/05 863-612-0252
Signature and typed or printed name of signing officer or director Date Daytime Phone #

1255