

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000043815

1. Entity Name
JACKSONVILLE AUTO TITLE AND LEIN, INC.



Principal Place of Business
3261 PHILIPS HIGHWAY
JACKSONVILLE, FL 32207

Mailing Address
3261 PHILIPS HIGHWAY
JACKSONVILLE, FL 32207



08142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3109968

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MULLIS, DAVID M
2661 MIMOSA STREET
JACKSONVILLE, FL 32207

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MULLIS, DAVID W
STREET ADDRESS 3661 MIMOSA DR
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE VP
NAME MULLIS, LAURIE
STREET ADDRESS 3661 MIMOSA DR
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE T
NAME KLEES, JACK D
STREET ADDRESS 3540 LAURENCE RD
CITY-ST-ZIP ORANGE PARK, FL 32207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000575065
08/23/06-80002-007 550.00

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IN THIS SPACE**

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:

David W. Mullis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/06
Date

Daytime Phone #