


2007 FOR PROFIT CORPORATION ANNUAL REPORT

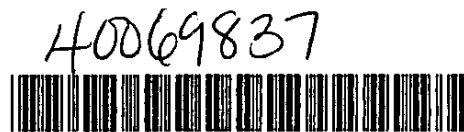
FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90200 038 ***150.00

DOCUMENT # P03000043815 1. Entity Name JACKSONVILLE AUTO TITLE AND LEIN, INC.	
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Principal Place of Business 3261 PHILIPS HIGHWAY JACKSONVILLE, FL 32207	Mailing Address 3261 PHILIPS HIGHWAY JACKSONVILLE, FL 32207
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DO NOT WRITE IN THIS SPACE



01212007 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3109968	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MULLIS, DAVID M 2661 MIMOSA STREET JACKSONVILLE, FL 32207
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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 _____
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MULLIS, DAVID W 3661 MIMOSA DR JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MULLIS, LAURIE 3661 MIMOSA DR JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KLEES, JACK D 3540 LAURENCE RD 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	

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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: David W. Mullis 4/17/07 (904) 251-4801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #