

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000095563

**Entity Name:** HLJ AUTO SERVICE, INC.**FILED  
Oct 05, 2005  
Secretary of State****Current Principal Place of Business:**208 WEST EUCLID AVE  
DELAND, FL 32720**New Principal Place of Business:****Current Mailing Address:**  
208 WEST EUCLID AVE  
DELAND, FL 32720**New Mailing Address:**

FEI Number: 20-0156311      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**WILLIAMS, JOHN  
929 HUNTERS CREEK DR  
APT 201  
DELAND, FL 32720 US**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: D ( ) Delete  
Name: WILLIAMS, JOHN  
Address: 929 HUNTERS CREEK DR APT 201  
City-St-Zip: DELAND, FL 32720Title: D ( ) Delete  
Name: INGRAM, LAWRENCE  
Address: 409 SALISBURY AVE  
City-St-Zip: DELAND, FL 32720Title: D ( ) Delete  
Name: WILLIAMS, ROX'ANNE A  
Address: 929 HUNTERS CREEK DR APT 201  
City-St-Zip: DELAND, FL 32720**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: D ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: D (X) Change ( ) Addition  
Name: WILLIAMS, JOHN  
Address: 929 HUNTERS CREEK DR. APT 201  
City-St-Zip: DELAND, FL 32720Title: D (X) Change ( ) Addition  
Name: WILLIAMS, JOHN  
Address: 929 HUNTERS CREEK DR APT 201  
City-St-Zip: DELAND, FL 32720

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JOHN WILLIAMS

D

10/05/2005

Electronic Signature of Signing Officer or Director

Date