


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90005 045 ***150.00

DOCUMENT # P03000108339					
1. Entity Name JOE'S MOBILE REPAIR DIESEL TRUCK AND WELDING, INC.					
Principal Place of Business 6965 OLD KINGS ROAD NORTH JACKSONVILLE, FL 32219			Mailing Address 6965 OLD KINGS ROAD NORTH JACKSONVILLE, FL 32219		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05202004 Chg-P CR2E034 (10/03)	
4. FEI Number 11-0952466				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOSLEY, JOSEPH T 6965 OLD KINGS ROAD NORTH JACKSONVILLE, FL 32219			7. Name and Address of New Registered Agent Name <u>Thomas Joseph Mosley</u> Street Address (P.O. Box Number is Not Acceptable) <u>6965 Old Kings Road North</u> City <u>Jacksonville</u> <u>FL</u> Zip Code <u>32219</u>		
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 <u>Thomas J Mosley</u> DATE <u>5/20/04</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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 MOSLEY, JOSEPH T 6965 OLDS KINGS ROAD NORTH JACKSONVILLE, FL 32219	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas Joseph Mosley 6965 Old Kings Road North Jacksonville, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u>Thomas J Mosley</u>			Date <u>5/20/04</u> Daytime Phone # <u>904 786-3082</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					