

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90020 020 \*\*\*158.75

**DOCUMENT # P03000140396**

1. Entity Name

**TWO J'S AUTO SALES CORPORATION**



Principal Place of Business

**43 1/2 NORTH WESTMORELAND DR.  
ORLANDO FL 32805**

Mailing Address

**43 1/2 NORTH WESTMORELAND DR.  
ORLANDO FL 32805**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

**06-1710374**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MASZY, JOHN L  
43 1/2 NORTH WESTMORELAND DR.  
ORLANDO FL 32805**

Name

**JOHN R MASZY**

Street Address (P.O. Box Number is Not Acceptable)

**43 NORTH WESTMORELAND DR**

City

**ORLANDO**

FL

Zip Code

**32805**

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME MASZY, JOHN L  
STREET ADDRESS 43 NO. WESTMORELAND DR.  
CITY-ST-ZIP ORLANDO FL 32805

TITLE VD ☐ Delete  
NAME MASZY, JOHN R  
STREET ADDRESS 43 NO. WESTMORELAND DR.  
CITY-ST-ZIP ORLANDO FL 32805

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME **SECRETARY**  
STREET ADDRESS **HOLLY A MASZY**  
CITY-ST-ZIP **12151 WINDERMERE CROSSING**  
**WINTER GARDEN, FL 32781**

TITLE ☒ Change ☐ Addition  
NAME **PRESIDENT**  
STREET ADDRESS **JOHN R MASZY**  
CITY-ST-ZIP **SAME**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/17/06 407-808-1895**