2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Jan 22, 2007 08:00 AM **DOCUMENT # P04000120443** Secretary of State 1. Entity Name J & H AUTOMOTIVE, INC. Principal Place of Business Mailing Address 4433 17TH STREET W **4433 17TH STREET W** BRADENTON, FL 34207-1302 BRADENTON, FL 34207-1302 01182007 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1547649 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOVEK, THOMAS DO NOT WRITE 1408 61ST STREET N.W. BRADENTON, FL 34209 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE HOUCK, THOMAS NAME U00000597287 1408 61ST STREET NW STREET ADDRESS 01/24/07-80030-007 150.00 CITY-ST-ZIP BRADENTON, FL 34209 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE 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 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 receives 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: ≤

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-07

941 713 5804

Daytime Phone #