

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000127267

FILED  
Apr 06, 2011  
Secretary of State

**Entity Name:** AUTO TRANSPORT MASTERS OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

5055 OLD KINGS RD  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

5055 OLD KINGS RD  
JACKSONVILLE, FL 32254

**New Mailing Address:**

**FEI Number:** 26-4184947

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HANKS, GILBERT A  
5055 OLD KINGS RD  
JACKSONVILLE, FL 32254 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: DST  
Name: HANKS, GILBERT A  
Address: 6565 RIVER POINT DR  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: DP  
Name: HANKS, VERONICA J  
Address: 6565 RIVER POINT DR  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: DVP  
Name: MAULDIN, WILLIAM P  
Address: 9306 RIVER SHORES LANE  
City-St-Zip: JACKSONVILLE, FL 32257

Title: DVP  
Name: HANKS, CHRISTOPHER  
Address: 286 EVENTIDE DRIVE  
City-St-Zip: FLEMING ISLAND, FL 32003

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM MAULDIN

DVP

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date