

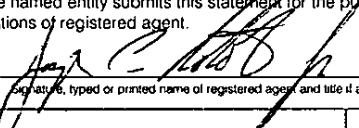
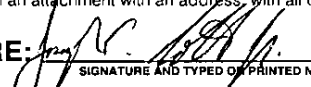


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90032 049 ***158.75

DOCUMENT # P04000158815 1. Entity Name JALOPY JOE'S, INC.					
Principal Place of Business 634 DUNN DRIVE ALTAMONTE SPRINGS, FL 32714			Mailing Address 634 DUNN DRIVE ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business 3006 JOYANN ST.		3. Mailing Address 3006 JOYANN ST.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		03192005 Chg-P CR2E034 (10/03)	
City & State ORLANDO, FLORIDA		City & State ORLANDO, FLORIDA		4. FEI Number 74-3133779	
Zip 32810		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCDOWELL, DANIEL J JR. 634 DUNN DRIVE ALTAMONTE SPRINGS, FL 32714				7. Name and Address of New Registered Agent Name JOSEPH C. ROTOLI, JR Street Address (P.O. Box Number is Not Acceptable) 3006 JOYANN ST. City ORLANDO FL Zip Code 32810	
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 		JOSEPH C. ROTOLI, JR 1/2/05			
(NOTE: Registered Agent signature required when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD ROTOLI, JOSEPH C JR. 3006 JOYANN STREET ORLANDO, FL 32810	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCDOWELL, DANIEL J JR. 634 DUNN DRIVE ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 		JOSEPH C. ROTOLI, JR 1/2/05 407-522-6372			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			