2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2008 08:00 A Secretary of State

חחרו	IMENT #1	2050000	10560

Entity Name

THE CAR STORE OF JACKSONVILLE INC



Principal Place of Business

8070 DEVOE ST JACKSONVILLE, FL 32220 Mailing Address

8070 DEVOE ST

JACKSONVILLE, FL 32220 US

DO NOT WRITE IN THIS SPACE

No Chg-P 01152008

CR2E034 (11/05)

4, FEI Number 20-2197398 Applied For Not Applicable

5. Certificate of Status Desired

\$8,75 Additional Fee Required

6. Name and Address of Current Registered Agent

PADGETT, RONNIE F 9029 W BEAVER ST JACKSONVILLE, FL 32220

DO NOT WRITE IN THIS SPACE

8	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, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

U00000793989 01/25/08-80030-015 15b.on

OFFICERS AND DIRECTORS 10. TITLE NAME PADGETT, RONNIE F 9029 W BEAVER ST STREET ADDRESS CITY+ST-ZIP JACKSONVILLE, FL 32220 TITLE VP DIX, RICHARD C NAME STREET ADDRESS 1350 OTIS RD CITY+ST-ZIP JACKSONVILLE, FL 32220 TITLE **TRES** PADGETT, RONNIË F NAME STREET ADDRESS 9029 W BEAVER ST CITY-ST-ZIP JACKSONVILLE, FL 32220 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF