
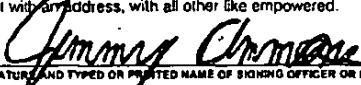


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

5 **FILED**  
**Jun 21, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90169 044 \*\*\*150.00

|   |                        |   |  |  |                                   |
|---|------------------------|---|--|--|-----------------------------------|
| <b>DOCUMENT # P05000022789</b>  |                        |   |  |         |                                   |
| 1. Entity Name<br><b>AUTO CREATIONS BY JIMMY AMMONS INC</b>   |                        |   |  |  |                                   |
| Principal Place of Business<br><b>2171 STATE ROAD 16 UNIT 77<br/>ST AUGUSTINE, FL 32084</b>   |                        |   | Mailing Address<br><b>590 ANDERSON STREET<br/>ST AUGUSTINE, FL 32084</b> |  |                                   |
| 2. Principal Place of Business  |                        |   | 3. Mailing Address   |  |                                   |
| Suite, Apt. #, etc.   |                        |   | Suite, Apt. #, etc.  |  |                                   |
| City & State  |                        |   | City & State   |  |                                   |
| Zip   | Country                | Zip   | Country  | 4. FEI Number<br><b>20-2320807</b>   |                                   |
|   |                        |   |  | Applied For<br><input type="checkbox"/> Not Applicable                                   |                                   |
|   |                        |   |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                   |
| 6. Name and Address of Current Registered Agent<br><b>AMMONS, JAMES D<br/>590 ANDERSON ST<br/>ST AUGUSTINE, FL 32084</b>  |                        |   | 7. Name and Address of New Registered Agent                              |  |                                   |
|   |                        |   | Name   |  |                                   |
|   |                        |   | Street Address (P.O. Box Number is Not Acceptable)                       |  |                                   |
|   |                        |   | City   |  |                                   |
|   |                        |   | FL Zip Code  |  |                                   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____   |                        |   |  |  |                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>   |                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | \$5.00 May Be<br>Added to Fees   |                                   |
| 10. OFFICERS AND DIRECTORS  |                        |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                    |  |                                   |
| TITLE   | P                      | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | AMMONS, JAMES D        |   | NAME   |  |                                   |
| STREET ADDRESS  | 590 ANDERSON STREET    |   | STREET ADDRESS   |  |                                   |
| CITY - ST - ZIP   | ST AUGUSTINE, FL 32084 |   | CITY - ST - ZIP  |  |                                   |
| TITLE   |                        | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                        |   | NAME   |  |                                   |
| STREET ADDRESS  |                        |   | STREET ADDRESS   |  |                                   |
| CITY - ST - ZIP   |                        |   | CITY - ST - ZIP  |  |                                   |
| TITLE   |                        | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                        |   | NAME   |  |                                   |
| STREET ADDRESS  |                        |   | STREET ADDRESS   |  |                                   |
| CITY - ST - ZIP   |                        |   | CITY - ST - ZIP  |  |                                   |
| TITLE   |                        | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                        |   | NAME   |  |                                   |
| STREET ADDRESS  |                        |   | STREET ADDRESS   |  |                                   |
| CITY - ST - ZIP   |                        |   | CITY - ST - ZIP  |  |                                   |
| TITLE   |                        | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                        |   | NAME   |  |                                   |
| STREET ADDRESS  |                        |   | STREET ADDRESS   |  |                                   |
| CITY - ST - ZIP   |                        |   | 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 receiver or I am empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered. |                        |   |  |  |                                   |
| SIGNATURE:   |                        |   | 4-28-06 904-1669-6707  |  |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                        |   | Date Daytime Phone   |  |                                   |