2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000022789

1. Entity Name

AUTO CREATIONS BY JIMMY AMMONS INC



Mailing Address 400440J

Principal Place of Business 2171 STATE ROAD 16 UNIT 77 ST AUGUSTINE, FL 32084

590 ANDERSON STREET ST AUGUSTINE, FL 32084



FILED

Apr 10, 2008 8:00 am Secretary of State

04-10-2008 90030 046 ***150.00

03052008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-2320807

Applied For Not Applicable

5. Certificate of Status Desired

\$8:75 Additional

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AMMONS, JAMES D 590 ANDERSON ST ST AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE

	. 1 · · · ·			
the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	ed office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title II	applicable. (NOTE: Registered	Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMMONS, JAMES D 590 ANDERSON STREET ST AUGUSTINE, FL 32054			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4 77		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
indicatéd	on this report or supplemental report is true a	nd accurate and that my signat	ure shall have the same legal effe	9. Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director