FILED Jun 16, 2006 8:00 am Secretary of State 5/3

2006	ANNUAL REPORT	*
		-

DOCUMENT # P05000053349 1. Entity Name JUL AUTOMOTIVE SERVICES CORPORATION						05-03-20	006 90201 047 * [;]	**150.00	
Principal Place of Business 4125 PINE TREE PLACE COCOA, FL 32926		Mailing Address 4125 PINE TREE PLACE COCOA, FL 32926			66019457				
2. Principal Place of Business 3. Mailing Address			- D-4						
392 Richard Road Suite, Apt. #, etc.		2118 Auburn Lakes Drive Suite, Apt. #, etc.			04272008	Chg-P	CR2E034 (11/05)		
City & State		City & State			4 50 Nu 28	57793		plied For x Applicable	
Rockledge, FL Zip Country		Rockledge, FL Zip Country			<u> </u>	of Status Desired	☐ \$8.75 Add	litlonal	
32955-3183 Brevard 6. Name and Address of Current F		32955-6764 Registered Agent	Bre	vard	<u> </u>	Address of New R	Fee Require	d	
ANDERSO	N I PATRICK			Noma					
ANDERSON, J PATRICK 930 S HARBOR CITY BLVD SUITE 505 MELBOURNE, FL 32901			Street Address (P.O. Box Number is Not Acceptable)						
				City			FL Zip Cod	9	
	named entity submits this statement for	r the purpose of changing its	register	ed office or register	ed agent, or bo	th, in the State of Fic	orida. I am familiar with,	and accept	
SIGNATURE	Signature, typed or general name of registered agent a						DATÉ		
	Signature, typed or primad name or registered agent 2			d Agent signature required			DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campa Trust Fund Cont			.00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE NAME	D Delete TITI			1			(*) Change	Addition	
STREET ADDRESS	4125 PINE TREE PLACE		STRE	E1 ADORESS					
CITY-ST-ZIP	COCOA, FL 32926	☐ Detern	TITL	· S1 · ZIP		<u> </u>	☐ Change	☐ Addition	
NAME	CAGLE, JAIMIE M			l I			- Comp		
STREET ADDRESS CITY-ST-ZIP	4125 PINE TREE PLACE COCOA, FL 32926			EI ADDRESS - ST-ZIP				Ī	
TITLE	Delate IIIL						☐ Change	Addition	
NAME STREET ADDRESS			NAM	E ET ADORESS				ĺ	
CITY-ST-ZIP				-S1-ZIP]	
HILE NAME		Dakto	THE NAME	ŀ			☐ Change _	. D. Addition .	
STREET ADDRESS				ET ADDRESS					
CITY-\$1-ZIP		П Мин	CITY-	-ST-20P			Change	☐ Addition	
TITLE NAME	,	Oelete	RAM	l l			Conte		
STREET ADDRESS				ET ADORESS -S1-ZIP				j	
TATLE		☐ Delete	FITLE				☐ Change	Addition	
NAME STREET ADDRESS			NAM STRE	et address				j	
CITY-SI-ZIP				-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		
12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119. Florida Statutes, 4 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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the same legal effect as it made under oath; that I am an officer or director of the corporation of the same legal effect as it made under oath; that I am an officer or director of the corporation of the same legal effect as it made under oath; that I am an officer or director of the same legal effect as it made under oath; that I am an officer or director of the same legal effect as it made under oath; that I am an officer or director of the same legal effect as it made under oath; that I am an officer or director of the same legal effect as it made under oath; that I am an oath oath oath oath oath oath oath oath									
SIGNATURE: 4-30-06 321.759.6633									
	SIGNATURE AND TYPED OR P	RINTED HAME OF SIGNING OFFICER	OR DIRECT	TOR		Dete	Daytime Phone #		

ATTACHMENT

Anita S. McDaniel 6019457
CERTIFIED PUBLIC ACCOLINITARIT

PHONE: (321) 459-1800 FAX: (321) 459-2208 POST OFFICE BOX 541539 MERRITT ISLAND, FLORIDA 32954-1539

June 13, 2006

Division of Corporations Annual Reports Section Post Office Box 1500 Tallahassee, Florida 32302-1500

Subject: JJL Automotive Services Corporation

Reference Number: **P05000053349**

Enclosed is the 2006 For Profit Corporation Annual Report for JJL Automotive Services Corporation. Block 4, Federal Employer Identification number has been completed as requested in your enclosed letter dated May 23, 2006.

Very truly yours,

Anita S. McDaniel

Certified Public Accountant

Enclosures