2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 20, 2008 08:00 A Secretary of State DOCUMENT # P05000121359 1. Entity Name P & J AUTOMOTIVE, INC. Principal Place of Business Mailing Address 56 SW IRWIN AVENUE 56 SW IRWIN AVENUE W. MELBOURNE FL 32904 W. MELBOURNE FL 32904 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 01-0843345 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEANGELIS, JAMES D Street Address (P.O. Box Number is Not Acceptable) 56 SW IRWIN AVENUE W. MELBOURNE FL 32904 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or primed name of registered agent and the ill application. (NOTE: Registered Agent aignature required when reinstalling DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Derete TITLE Change Addition NAME DEANGELIS, JAMES D NAME STREET ADDRESS 56 SW IRWIN AVENUE STREET ADDRESS U00000864562 City-St-ZIP W. MELBOURNE FL 32904 CITY-ST-ZIP 04/04/08-80019-012 150.00 TITLE Derete ПΠЕ Change Addition MAME NAME ress STREET AUGRESS CITY-5. .r CiTY - ST - ZIP ППЕ ☐ De ete TITLE ☐ Change ☐ Addition NAME MARK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-OF-7IP TITLE ☐ Deiete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deiete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- ZP TITLE De-ete TITLE ☐ Change Addition NAME

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

STREET ADDRESS

CUTY - ST - ZIP

**SIGNATURE** 

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-768-0570