


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 08:00 A
Secretary of State

DOCUMENT # P05000146910

1. Entity Name
JOHN CASS AUTO SALES INC.



Principal Place of Business Mailing Address

10721 LEM TURNER RD., STE. B 10721 LEM TURNER RD., STE. B
 JACKSONVILLE, FL 32218 JACKSONVILLE, FL 32218

DO NOT WRITE IN THIS SPACE



03272007 No Chg-P CR2E034 (11/05)

4. FEI Number 81-0680422	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, JOHNNIE L.
 10706 BOLYARD DR.
 JACKSONVILLE, FL 32218

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, JOHNNIE L. 10721 LEM TURNER RD., STE. B JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, CASSANDRA F. 10721 LEM TURNER RD., STE. B JACKSONVILLE, FL 32218
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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 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 employees.

SIGNATURE:  **3-27-07** **904-764-2010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #