2007 FOR PROFIT CORPORATION

Mar 14, 2007 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P05000160959** 03-14-2007 90044 007 ***150.00 1. Entity Name J B AUTO TRANSPORT, INC. Principal Place of Business Mailing Address 1529 DOUGLAS AVENUE 1529 DOUGLAS AVENUE DUNEDIN, FL 34698 DUNEDIN, FL 34698 01172007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3984741 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LYONS, GARY W DO NOT WRITE 311 SOUTH MISSOURI AVE CLEARWATER, FL 33756 IN THIS SPACE 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) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS DPT TITE F BRANNEN, JOHN A NAME STREET ADDRESS 1529 DOUGLAS AVENUE DUNEDIN, FL 34698 CGY-ST-7IP TITLE BRANNEN, VICKI L NAME 1529 DOUGLAS AVENUE STREET ADDRESS DUNEDIN, FL 34698 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

TITLE NAME STREET ADDRESS

FILED

ATTACHMENT

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

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12. I hereby of indicated	certify that the information supplied with this on this report or supplemental report is true	filing does not qualify for the ext	emptions contained	in Chapter 119, I	Florida Statutes. I f	urther certify the	t the information
or the cor	poration of the receiver of trustee empower	ed to execute this report as requi	red by Chapter 607,	, Florida Statutes;	and that my name	aur, urat ram an appears in Bloc	k 10 or Block 11 if
cnanged,	or on an attachment with an address, with	all other like empowered.			1 ,		
SIGNAT	HDE: //h/ /3/2	111 be		11	20/02	(770)1	78-3556
SIGNAL	UNC. JAMESIA	ED NAME OF SIGNING OFFICER OR DIRECT			Date	Daytime F	

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