## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # P06000026672  1. Entity Name J & J PERFORMANCE DETAILING, INC.						04-30-2007 9	00832 013 ***15	0.00
Principal Plac	e of Business	Mailing Address						
5306 RAMONA BLVD. JACKSONVILLE, FL 32205		5306 RAMONA BLVD. Jacksonville, FL 32205						
							<b>18</b> 11 1686 9118 8181 1881 1	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01202007	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number	437750	3   A	oplied For ot Applicable	
Zip	Country	Zip	Country			of Status Desired	\$8.75 Add	
	6. Name and Address of Current	Registered Agent	•		7. Name and	Address of New Re	gistered Agent	
O'RDIAN :	ALICE I			Name				
O'BRIAN, ALICE L. 5640 TIMUQUANA RD., STE. 1 JACKSONVILLE, FL 32210				Street Address (P.O. Box Number is Not Acceptable)				
•								
				City	FL Zip Code			
	named entity submits this statement for ions of registered agent.	or the purpose of changing i	ts registere	ed office or registe	ered agent, or both	n, in the State of Flori	ida. I am familiar with,	and accept
SIGNATURE.					1.1		0.177	
	Signature, typed or printed name of registered agent	and title if applicable. [NC	JIE: Hegistere	d Agent signature require	d when reinstating)		DATE	
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Camp Trust Fund Co	-		6.00 May Be ded to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFFIC	CERS AND DIRECTOR	S IN 11
TITLE	PVD	☐ Delete	TITLE	l l			☐ Change	☐ Addition
NAME STREET ADDRESS			MAN	E Et aodress				
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NAME			NAM	E				
STREET AODRESS				ET ADDRESS				
CITY-ST-ZIP				- ST - ZIP			Change	☐ Addition
TITLE NAME		☐ Delete	TITU				☐ Change	L_J AGGREGII
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			CITY	- ST - ZIP				
TITLE		☐ Delete	TITL				☐ Change	☐ Addition
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CITY-\$T-ZIP				-S1-ZIP				
TITLE		☐ Delete	TITL	E			☐ Change	Addition
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12. I hereby	certify that the information supplied wit on this report or supplemental report	n trus tilting does not qualify	xe eni toi	emptions containe	su in Unapter 119 same legal effec	, Fiorida Statutes, 11 t as if made under o	onaler certify that the	r or director

2. 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 empowered.

SIC	:N	ΔΤ	112	F.

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-07

Daytime Phone #