

4/30/2007-90457-013-\$150.00-\$150.00

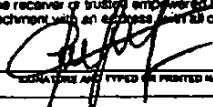
**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

4

FILED

07 JUN 11 AM 11:47

IN THE STATE
OF FLORIDA
TALLAHASSEE, FLORIDA
COUNTY

DOCUMENT # P06000141203					
1. Entity Name J & A AUTO SALES INC					
Principal Place of Business 104 BAYWOOD AVE SUITE 11 LONGWOOD, FL 32750 US			Mailing Address 1016 ROCKWOOD WAY SANFORD, FL 32771 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				04252007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALTEMA, JEAN C 1016 ROCKWOOD WAY SANFORD, FL 32771				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (Signature, word or printed name of registered agent and also if applicable) (NOTE: Registered Agent signature required when withdrawing) DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ALTEMA, JEAN C 1016 ROCKWOOD WAY SANFORD, FL 32773	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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 restate 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 for all other like empowered.					
SIGNATURE: 			Date: 4/25/07		