

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000029003

1. Entity Name

J&M AUTO SALES, INC.



FILED

08 APR -1 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

3109 APALACHEE PARKWAY
TALLAHASSEE FL 32311

Mailing Address

2448 ARVAH BRANCH BLVD
TALLAHASSEE FL 32309

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2492 Lantana Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee, Florida

Zip

Country

Zip

Country

32311

USA

4. FEI Number

59-3324006

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TATE, TORIA
3109 APALACHEE PKWY
TALLAHASSEE FL 32311

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, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 D ☐ Delete
NAME ELLIS, MICHAEL R
STREET ADDRESS 2956 WOODRICH DR APT A
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500121790945
CITY-ST-ZIP 04/01/08--01010--009 **150.00

TITLE PVST ☐ Delete
NAME TATE, TORIA F
STREET ADDRESS 3190-2 APALACHEE PARKWAY
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

Toria Tate

4-1-08

850284-4584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #