


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Oct 01, 2004 8:00 am
Secretary of State

10-01-2004 90001 011 ***550.00

DOCUMENT # P95000006279		
1. Entity Name J.D.L. AUTO, INC.		

Principal Place of Business 729 HULL CT. MARCO ISLAND FL 34145 US	Mailing Address 729 HULL CT. MARCO ISLAND FL 34145 US
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2. Principal Place of Business 771 Giralda CT Suite, Apt. #, etc.	3. Mailing Address 771 Giralda CT Suite, Apt. #, etc.
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City & State MARCO Island FL	City & State MARCO Island FL	4. FEI Number 65-0550693	Applied For <input type="checkbox"/> Not Applicable
Zip 34145	Country U.S.A.	Zip 34145	Country U.S.A.



MOORE CR2E034 (4/04)

6. Name and Address of Current Registered Agent BLAIWEISS, LEON 729 HULL CT MARCO IS FL 34145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing: \$5.00 May Be Trust Fund Contribution: <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BLAIWEISS, LEON 729 HULL CT. MARCO ISLAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Sep 8 04 239-601-3474**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #