
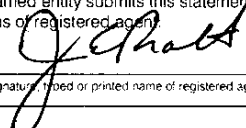
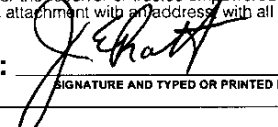


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 NOV 18 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000018222			
1. Entity Name JB'S AUTO SALES OF PASCO, INC.			
Principal Place of Business 8039 PALATINE DRIVE HUDSON, FL 34667		Mailing Address 9391 CR 647 S BUSHNELL, FL 33513	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8039 Palatine	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Hudson FL	
Zip	Country	Zip	Country
34667		34667	
4. FEI Number 59-3303526		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLDENBURGER, BARBARA B 9391 CR 647 S BUSHNELL, FL 33513		7. Name and Address of New Registered Agent Name: Pratt, John E Street Address (P.O. Box Number is Not Acceptable) 17922 Hannon Way City: Dade City FL Zip Code: 33523	
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: 		JOHN E PRATT 11/17/08	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST OLDENBURGER, BARBARA B 9391 CR 647 S. BUSHNELL, FL 33513 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Oldenburger, Barbara B, 9391 CR 647 S. Bushnell, FL 33513 <input checked="" 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	PT Pratt, John E 17922 Hannon Way Dade City FL 33523 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800138047628 11/18/08--01023--006 **150.00 <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
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
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 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.			
SIGNATURE: 		JOHN E PRATT 11/17/08 727 863-6581	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	