2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 08:00 AN Secretary of State

ANNUAL REPORT					7 x l-	7 20, 20	CC.
DOCU 1. Entity Nam	MENT # P960000976				Secreta	ry of Si	
	JTOMOTIVE, INCORPORATE	ED					
Principal Plac	ce of Business	Mailing Address					
8610 CAUSE	EWAY BLVD	8610 CAUSEWAY BLVD					
TAMPA, FL	33619 US	TAMPA, FL 33619 US					
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or San h	O NOT WRITE	IN THIS SPA	CF	04152008		CRZEU34 (11)	·
	S. T. F. D. D. C.			4. FEI Number 59-3419		-	Applied For Not Applicable
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	6. Name and Address of Current Re	a		G. Gertanouto		Fee Re	quired
	o. Name and Address of Current Re	Bigiesed Adeut	1		ı		, , , ,
DUCHESNE, DONALD R 8610 CAUSEWAY BLVD			, ,,	DO	NOT W	RITE	
TAMPA, FL 33619			1	•		•	, , ,
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	•				San Maria	ta balina	
	named entity submits this statement for the	e purpose of changing its register	ed office or register			orida. I am familiar	with, and accept
the obligat	tions of registered agent.						
SIGNATURE_	Signature, typed or printed name of registered agent and	tille if applicable. (NOTE: Registere	ed Agent signature required	d when reinstating)		DATE	
					U0000	0923315	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.		.00 May Be led to Fees		-80024-022	2 150.00
10.	OFFICERS AND DI	RECTORS	. , ,	* * * * * *	Salar para di salar di	1, 3 1, 20	Carrier Con
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CITY-ST-ZIP	•				12.5 , 114	in the large equal (

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08

Daytime Phone #