2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 16, 2004 8:00 am DOCUMENT # P97000096054 **Secretary of State** 1. Entity Name 02-16-2004 90037 031 \*\*\*150.00 JOHN'S IMPORT AUTO SERVICE, INC. Principal Place of Business Mailing Address 5507 N NEBRASKA AVE 5507 N NEBRASKA AVE TAMPA FL 33604 **TAMPA FL 33604** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3356494 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OSBORNE, LINDA Street Address (P.O. Box Number is Not Acceptable) 7206 RAPÁ HORN DR **TAMPA FL 33637** City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ☐ Delete TITLE TITLE ☐ Addition OSBORNE, JOHN C SR. NAME 7206 RAPA HORN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33637** CITY-ST-7IP **VTS** Change ☐ Addition TITLE Delete JOHN C OSBORNE, JR NAME STREET ADDRESS 10702 N 50TH ST STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33617** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME LINDA OSBORNE STREET ADDRESS STREET ADDRESS 7206 RAPA HORN DR CITY-ST-7IP CITY-ST-ZIE **TAMPA FL 33637** Delete Change Addition TITLE TIT! F JEFF OSBORNE NAME NAME 15910 ANTLER LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRINGHILL FL 34610 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 mystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

changed, or on an attachment with an address, with all other like employeed.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Daytime Phone #