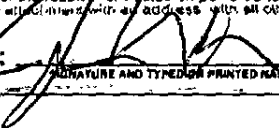


FILED**May 03, 2005 08:00 AM**
Secretary of State**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000096054 1. Entity Name JOHN'S IMPORT AUTO SERVICE, INC.																																																				
Principal Place of Business 5507 N NEBRASKA AVE TAMPA, FL 33604 US	Mailing Address 5507 N NEBRASKA AVE TAMPA, FL 33604 US																																																			
DO NOT WRITE IN THIS SPACE																																																				
 04272005 No Chg-P CR2E034 (10/03)																																																				
4. FEI Number 59-3356494		Applied For ☐ Not Applicable																																																		
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																																		
6. Name and Address of Current Registered Agent OSBORNE, LINDA 7206 RAPA HORN DR TAMPA, FL 33637		DO NOT WRITE IN THIS SPACE																																																		
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 reappointing)																																																				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">10. OFFICERS AND DIRECTORS</th> </tr> <tr> <td style="width: 20%;">TITLE</td> <td>DP</td> </tr> <tr> <td>NAME</td> <td>OSBORNE, JOHN C SR.</td> </tr> <tr> <td>STREET ADDRESS</td> <td>7206 RAPA HORN DR</td> </tr> <tr> <td>CITY, ST, ZIP</td> <td>TAMPA, FL 33637</td> </tr> <tr> <td>TITLE</td> <td>VTS</td> </tr> <tr> <td>NAME</td> <td>JOHN C OSBORNE, JR</td> </tr> <tr> <td>STREET ADDRESS</td> <td>10702 N 50TH ST</td> </tr> <tr> <td>CITY, ST, ZIP</td> <td>TAMPA, FL 33617</td> </tr> <tr> <td>TITLE</td> <td>V</td> </tr> <tr> <td>NAME</td> <td>LINDA OSBORNE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>7206 RAPA HORN DR</td> </tr> <tr> <td>CITY, ST, ZIP</td> <td>TAMPA, FL 33637</td> </tr> <tr> <td>TITLE</td> <td>V</td> </tr> <tr> <td>NAME</td> <td>JEFF OSBORNE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>6189 DORSET RD.</td> </tr> <tr> <td>CITY, ST, ZIP</td> <td>SPRING HILL, FL 34608</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> </tr> </table>			10. OFFICERS AND DIRECTORS		TITLE	DP	NAME	OSBORNE, JOHN C SR.	STREET ADDRESS	7206 RAPA HORN DR	CITY, ST, ZIP	TAMPA, FL 33637	TITLE	VTS	NAME	JOHN C OSBORNE, JR	STREET ADDRESS	10702 N 50TH ST	CITY, ST, ZIP	TAMPA, FL 33617	TITLE	V	NAME	LINDA OSBORNE	STREET ADDRESS	7206 RAPA HORN DR	CITY, ST, ZIP	TAMPA, FL 33637	TITLE	V	NAME	JEFF OSBORNE	STREET ADDRESS	6189 DORSET RD.	CITY, ST, ZIP	SPRING HILL, FL 34608	TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP		TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP	
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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 attached sheet with an address with all other like empowered.																																																				
SIGNATURE:  John C OSBORNE JR 4/27/05 813 237-3993 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																				