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	Mailing Address
5507 N NEBRASKA AVE TAMPA, FL 33604 US	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

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

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	5189 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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05/05/05-80021-020 150.00

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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 attachment 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 — Date — Daytime Phone #