


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000008260 1. Entity Name J & L TRANS PARTS, INC.	
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Principal Place of Business 9900 N DALE MABRY TAMPA, FL 33618	Mailing Address 9900 N DALE MABRY TAMPA, FL 33618
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DO NOT WRITE IN THIS SPACE



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3489673	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ROBERSON, LEILANI
9900 N DALE MABRY
TAMPA, FL 33618**

**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  **Leilani Roberson** **4/28/08**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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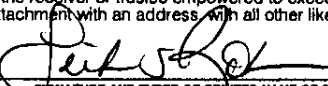
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERSON, JEFF 9900 N DALE MABRY TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERSON, LEILANI 9900 N DALE MABRY TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROMO, RICK 10019 PARLEY DR TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROMO, FABIAN 110169 WINGATE DR TAMPA, FL 33621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/29/08-80125-023 150.00

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:  **4/28/08 813-961-5560**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #