

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90046 012 ***158.75

DOCUMENT # P98000035473

1. Entity Name
JOE'S AUTO APPEARANCE INC.



Principal Place of Business
**1925 ANSLEY ROAD
DAYTONA BEACH, FL 32124**

Mailing Address
**1925 ANSLEY ROAD
DAYTONA BEACH, FL 32124**

2. Principal Place of Business
804 ACORN LANE

3. Mailing Address
804 ACORN LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PORT ORANGE, FLORIDA

City & State
PORT ORANGE, FLORIDA

Zip **32127** Country **USA**

Zip **32127** Country **USA**

03042004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3506090

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GROOMS, JOSEPH
1925 ANSLEY ROAD
DAYTONA BEACH, FL 32124**

7. Name and Address of New Registered Agent

Name **GROOMS, JOSEPH**

Street Address (P.O. Box Number is Not Acceptable)

804 ACORN LANE

City **PORT ORANGE**

FL

Zip Code **32127**

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 *Joseph Grooms*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-23-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ Delete
NAME **GROOMS, JOSEPH**
STREET ADDRESS **1925 ANSLEY ROAD**
CITY-ST-ZIP **DAYTONA BEACH, FL 32124**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☒ Change ☐ Addition
NAME **GROOMS, JOSEPH**
STREET ADDRESS **804 ACORN LANE**
CITY-ST-ZIP **PORT ORANGE, FLORIDA 32127**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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: *Joseph Grooms*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-04

Date

386-566-8423

Daytime Phone #