

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 29, 2005 8:00 am
Secretary of State

04-27-2005 90347 025 ***150.00

DOCUMENT # P98000035473

1. Entity Name
JOE'S AUTO APPEARANCE INC.



Principal Place of Business
**804 ACORN LANE
PORT ORANGE, FL 32127**

Mailing Address
**804 ACORN LANE
PORT ORANGE, FL 32127**

66023962



03132005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3506090

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GROOMS, JOSEPH
804 ACORN LANE
PORT ORANGE, FL 32127**

**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 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PVST
GROOMS, JOSEPH
804 ACORN LANE
PORT ORANGE, FL 32127**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-05

Date

386-566-3423

Daytime Phone #

Division of Corporations
Annual Reports Section
PO Box 6327
Tallahassee, FL 32314

ATTACHMENT 66023962
#PA 8000035473

Joseph Grooms
804 Acorn Lane
Port Orange, FL 32127

To Whom It May Concern:

I recently received the letter stating that I did not sign the enclosed document. However, this notice was sent to my home address in Florida. For some months now I have been in New York involved in a volunteer work and did not receive the letter until now, thinking everything was filed and taken care of.

I called an agent immediately explaining that I had no idea of the problem. Please accept the document signed as I have never been late or fined before. I would have corrected the problem promptly otherwise.

Thank-you for your help.

Cordially,

Joe Grooms