2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2006 8:00 am Secretary of State

ANNUAL REPORT				03-24-2006 90037 003 ***150.00			
1. Entity Name	MENT # P9900001222 to sales of Jacksonvilli				03-24-2006 9	90037 003 ***	*150.00
Principal Place 7046 ATLANI IACKSONVIN		Aailing Address 7046 ATLANTIC BLVO. IACKSONVINLE, FL 32221	1383 SACK	son Ave		500 ⁻	05498
1383 J	<u>ACK40N AUE</u> NEU 32428		CHIPLEY H.	504 J			
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				5. Certificate of	of Status Desired	Feo Rec	
BELL, ANN 7946-ATLA JACKSON	WITH 1383 TAG	1690N AUE F.1. 3242.8-			NOT W THIS SP	THE RESERVE	
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the obligati	named antity submits this statement for the ions of legistered agent. Signature, typed or printed rame of legistered agent and sti		stered office or register			rida. I am familiar 3 - 15 - 06 DATE	•
the obligati	ions of legistered agent.		stered Agent signature required inancing \$5.				•
the obligati	Signature, typed or printed name of inguitared agent and to E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 OFFICERS AND DIRE STP BELL, ANN L	9. Election Campaign F Trust Fund Contributi	stered Agent signature required inancing \$5.	d when reinstading) .00 May Be			•
signature	Signature, apped or printed name of registered agent and at the NOW!!! FEE IS \$150.00 OFFICERS AND DIRECT STP BELL, ANN L -7046 ATLANTIC BLVD 1383	9. Election Campaign F Trust Fund Contributi CTORS JACKSON ADE	stered Agent signature required inancing \$5,000. Add	d when reinstading) .00 May Be			•
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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 chapter 607 or an attrachment with an address, with all otype like empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1170

Daytime Prione #

2006 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P99000012227 1. Entity Name A & B AUTO SALES OF JACKSONVILLE, INC. Principal Place of Business Mailing Address 7046 ATLANTIC BLVD.

JACKSONVINE, FL 32221 1383 JACKSON POE 7046 ATLANTIC BLVD. IACKSONVILLE, FL 32221 CHIPLEY FI, 32428 1383 JACKSON ADE CHIPLEY FL 32428 03092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 大大公司的市公公人会以公司 59-3562695 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BELL, ANN L DO NOT WRITE 1383 JACKSON AVE CHIPLEY F-1. 32428-7046 ATLANTIC BLVD JACKSONVILLE, FL 32211 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 egistered agent. 3-15-06 -Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. STP TITLE BELL, ANN L 1383 JACKSON ADE STREET ADDRESS -7046 ATLANTIC BLVD CHIPLEY F1. 32428 JACKSONVILLE, FL 32211 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: