2008 FOR PROFIT CORPORATION

CITY ST-ZIP

changed, or on an attachme

SIGNATURE:

Mar 27, 2008 08:00 A **ANNUAL REPORT** Secretary of State DOCUMENT # P99000012227 A & B AUTO SALES OF JACKSONVILLE, INC. Principal Place of Business Mailing Address 1383 JACKSON AVE 1383 JACKSON AVE CHIPLEY, FL 32428 CHIPLEY, FL 32428 CR2E034 (11/05) 02082008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3562695 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BELL, ANN L 1383 JACKSON AVE CHIPLEY, FL 32428 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 (NOTE: Registered Agent signature required when reinstaling) Signature, Iyoed or printed name of registered agent and title if applicable U000000871744 **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 04/10/08-80006-003 150.00 Added to Fees After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution 10. OFFICERS AND DIRECTORS STP TITLE BELL, ANN L NAME STREET ADDRESS 1383 JACKSON AVE CHIPLEY, FL 32428 CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY S1-7IP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and faccurate 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 employered of execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

Date

Daytime Phone i

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED