

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90974 043 ***150.00

DOCUMENT # P99000088899 1. Entity Name JON'S WHOLESALE AUTO INCORPORATED							
Principal Place of Business 10885 EUREKA STREET BOCA RATON, FL 33428			Mailing Address 10885 EUREKA STREET BOCA RATON, FL 33428				
2. Principal Place of Business 3307 SOUTH US HIGHWAY 1 Suite, Apt. #, etc. A		3. Mailing Address 3307 SOUTH US HIGHWAY 1 Suite, Apt. #, etc. A					
City & State FT. PIERCE, FLORIDA Zip 34982		City & State FT. PIERCE, FLORIDA Zip 34982		4. FEI Number 65-0954730			
Country ST. LUCIE		Country ST. LUCIE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PLOTNICK, JONATHAN S 10885 EUREKA STREET BOCA RATON, FL 33428			7. Name and Address of New Registered Agent Name PLOTNICK, JONATHAN S. Street Address (P.O. Box Number is Not Acceptable) 3307 SOUTH US HIGHWAY 1 SUITE A City Fort Pierce FL Zip Code 34982				
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 <u>JONATHAN S. PLOTNICK</u> <i>Jonathan S. Plotnick</i> 4/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (If E. Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLOTNICK, JONATHAN S 10885 EUREKA STREET BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLOTNICK, JONATHAN S. 3307 SOUTH US HIGHWAY 1 SUITE A FT. PIERCE, FL 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PLOTNICK, NATINE 10885 EUREKA STREET BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PLOTNICK NATINE 3307 SOUTH US HIGHWAY 1 SUITE A FT. PIERCE, FL 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Jonathan S. Plotnick</u> <i>Jonathan S. Plotnick</i> 4/28/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							