


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # S78464	
1. Entity Name JOBE'S AUTOMOTIVE, INC.	

Principal Place of Business 1348 S HOPKINS AVE TITUSVILLE, FL 32780 US	Mailing Address 1348 S HOPKINS AVE TITUSVILLE, FL 32780 US
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02112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3100291	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JOBE-PARTRIDGE, KATHARINA
1348 S HOPKINS AVE.
TITUSVILLE, FL 32780

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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 reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	JOBE-PARTRIDGE, KATHARINA
STREET ADDRESS	1348 S HOPKINS AVE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	D
NAME	JOBE-PARTRIDGE, KATHARINA
STREET ADDRESS	1348 S HOPKINS AVE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	DVP
NAME	PARTRIDGE, WILLIAM C
STREET ADDRESS	1348 S HOPKINS AVE.
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	DS
NAME	PERUCCA, MICHAEL P
STREET ADDRESS	1348 S HOPKINS AVE.
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Katharina Jobe-Partridge 2/12/08 321-267-4422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #