


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 29, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000045380
1. Entity Name
THE FORD SHOPPE, INC.



Principal Place of Business Mailing Address
9100 S. HWY. 17/92 9100 S. HWY. 17/92
MAITLAND, FL 32751 MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE



02282006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-0468592 Not Applicable

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

6. Name and Address of Current Registered Agent

FOY, SAMUEL A
3617 JERICHO DR.
CASSELBERRY, FL 33707

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FOY, SAMUEL A
STREET ADDRESS	9100 S. HWY. 17/92
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	STD
NAME	CRISWELL, LISA
STREET ADDRESS	9100 S. HWY. 17/92
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000484430
04/12/06-80042-002 150.00

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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: Samuel Alan Foy Samuel ALAN Foy 3/18/06 407-339-5585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #