


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # 130993 1. Entity Name NOLAN-BROWN MOTORS INC	
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Principal Place of Business 4250 LAKESIDE DR STE 208 JACKSONVILLE FL 32210 US	Mailing Address PO BOX 22 ORTEGA STATION JACKSONVILLE FL 32210 US
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 59-0378270	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 HELMICK, JOHN P. JR. 4250 LAKESIDE DR #208 JACKSONVILLE FL 32210	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> Delete
NAME	HELMICK, JR JOHN P
STREET ADDRESS	4250 LAKESIDE DR #208
CITY - ST - ZIP	JACKSONVILLE FL 32210
TITLE	ASVD <input type="checkbox"/> Delete
NAME	BROWN, BARRET
STREET ADDRESS	4250 LAKESIDE DR #208
CITY - ST - ZIP	JACKSONVILLE FL 32210
TITLE	PTD <input type="checkbox"/> Delete
NAME	BROWN, LILA BYRD
STREET ADDRESS	4250 LAKESIDE DR #208
CITY - ST - ZIP	JACKSONVILLE FL 32210
TITLE	AV <input type="checkbox"/> Delete
NAME	HELMICK, MARC A
STREET ADDRESS	4250 LAKESIDE DR #208
CITY - ST - ZIP	JACKSONVILLE FL 32210
TITLE	AVS <input type="checkbox"/> Delete
NAME	HELMICK, CLAUDETTE B
STREET ADDRESS	4250 LAKESIDE DR #208
CITY - ST - ZIP	JACKSONVILLE FL 32210
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000266162
STREET ADDRESS	03/17/05-80019-015 150.00
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Barrat Brown 3/14/05 904-389-7348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #