

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90148 002 ***150.00

DOCUMENT # 130993

1. Entity Name

NOLAN-BROWN MOTORS INC



Principal Place of Business
**4250 LAKESIDE DR
STE 208
JACKSONVILLE FL 32210
US**

Mailing Address
**PO BOX 22
ORTEGA STATION
JACKSONVILLE FL 32210
US**



2. Principal Place of Business
1514-2 Nira Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State
Jacksonville, FL

City & State

4. FEI Number
59-0378270

Applied For
Not Applicable

Zip
32207

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HELMICK, JOHN P. JR.
4250 LAKESIDE DR #208
JACKSONVILLE FL 32210**

Name

Street Address (P.O. Box Number is Not Acceptable)
1514-2 Nira Street

City

Jacksonville

FL

Zip Code
32207

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **HELMICK, JR JOHN P**
STREET ADDRESS **4250 LAKESIDE DR #208**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **ASVD** ☐ Delete
NAME **BROWN, BARRET**
STREET ADDRESS **4250 LAKESIDE DR #208**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **PTD** ☐ Delete
NAME **BROWN, LILA BYRD**
STREET ADDRESS **4250 LAKESIDE DR #208**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **AV** ☐ Delete
NAME **HELMICK, MARC A**
STREET ADDRESS **4250 LAKESIDE DR #208**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **AVS** ☐ Delete
NAME **HELMICK, CLAUDETTE B**
STREET ADDRESS **4250 LAKESIDE DR #208**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1514-2 Nira Street**
CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE ☒ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Lila Byrd Brown
Lila Byrd Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lila Byrd Brown
Lila Byrd Brown

3/28/06
Date

904/346-0107

Daytime Phone #