2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 145530

Entity Name: NORTH FLORIDA MOTOR COMPANY

FILED Apr 26, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	THSIDE BLVD. VILLE, FL 3221	6			
Current Mailing Address:			New Maili	New Mailing Address:	
4620 SOUTHSIDE BLVD. JACKSONVILLE, FL 32216					
FEI Number:	59-0542573	FEI Number Applied For () FE	I Number Not Appl	licable () Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
LYNCH,HA 2165 RIVEI JACKSON		2 US			
The above in the State		bmits this statement for the purpo	se of changing i	ts registered office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent				 Date	
Election Can		Trust Fund Contribution ().		Date	
Election Can	ipaigii riiiaiiciiig	rrast Paria Contribution ().			
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () E LYNCH,HAL, 2165 RIVER BLV JACKSONVILLE,		Title: Name: Address: City-St-Zip:	P (X) Change () Addition LYNCH, WILLIAM B 9938 CHELSEA LAKE RD JACKSONVILLE, FL 32256	
Title: Name: Address: City-St-Zip:	STD () E LYNCH, LARRY, 2165 RIVER BLV JACKSONVILLE,		Title: Name: Address: City-St-Zip:	S (X) Change () Addition LYNCH, LARRY 2165 RIVER BLVD JACKSONVILLE, FL	
Title: Name: Address: City-St-Zip:	D () E LYNCH, FRANCE 2165 RIVER BLV JACKSONVILLE,	D	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition LYNCH, THOMAS 4372 ROMA BLVD JACKSONVILLE, FL 32210	
Title: Name: Address: City-St-Zip:	V ()E LYNCH, WILLIAN 4620 SOUTHSIDI JACKSONVILLE,	E BLVD.	Title: Name: Address: City-St-Zip:	T (X) Change () Addition BISPLINGHOFF, BOB 251 CLEARWATER DR PONTE VEDRA BEACH, FL 32082	
Title: Name: Address: City-St-Zip:	AS ()E LE BARON, JUDY 4620 SOUTHSIDI JACKSONVILLE,	E BLVD	Title: Name: Address: City-St-Zip:	AS (X) Change () Addition LE BARON, JUDY H 4620 SOUTHSIDE BLVD JACKSONVILLE, FL 32216	
Title: Name:	V ()E	Delete ROBERT E	Title: Name:	VP (X) Change () Addition LYNCH, ROBERT P	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

4704 ALGONQUIN AVE

JACKSONVILLE, FL 32210

SIGNATURE: WILLIAM B LYNCH P 04/26/2006

2165 RIVER BLVD

JACKSONVILLE, FL 32204

Address:

City-St-Zip: