2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007
Secretary of State

DOCUMENT# 145530

Entity Name: NORTH FLORIDA MOTOR COMPANY

Current Principal Place of Business:

4620 SOUTHSIDE BLVD.
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4620 SOUTHSIDE BLVD.
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-0542573 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNCH,HAL
2165 RIVER BLVD
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LYNCH, WILLIAM B
Address: 9938 CHELSEA LAKE RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: S ( ) Delete
Name: LYNCH, LARRY
Address: 2165 RIVER BLVD
City-St-Zip: JACKSONVILLE, FL

Title: VP ( ) Delete
Name: LYNCH, THOMAS
Address: 4372 ROMA BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: T ( ) Delete
Name: BISPLINGHOFF, BOB
Address: 251 CLEARWATER DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: AS ( ) Delete
Name: LE BARON, JUDY H
Address: 4620 SOUTHSIDE BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP (X) Delete
Name: LYNCH, ROBERT P
Address: 4704 ALGONQUIN AVE
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: LYNCH, ROBERT
Address: 4704 ALGONQUIN AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JUDY H LE BARON AS 03/19/2007

Electronic Signature of Signing Officer or Director Date