

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 374329

FILED
Apr 27, 2007
Secretary of State

Entity Name: ERNIE HAIRE FORD, INC.

Current Principal Place of Business:

9545 NORTH FLORIDA AVE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

9545 NORTH FLORIDA AVE
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-1308409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HODGES, GEOFFREY T ESQ.
9545 N FLORIDA AVE
TAMPA, FL 33612 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: PD () Delete
Name: HAIRE, ERNEST B. I
Address: 9545 N. FLORIDA AVE.
City-St-Zip: TAMPA, FL 33612

Title: VD () Delete
Name: HAIRE, MARY K.
Address: 9545 FLORIDA AVE
City-St-Zip: TAMPA, FL 33612

Title: STD () Delete
Name: SHRUM, LINDELL F II
Address: 9545 N. FLORIDA AVE.
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HAIRE, ERNEST B III
Address: 9545 N. FLORIDA AVE.
City-St-Zip: TAMPA, FL 33612

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

Title: STD (X) Change () Addition
Name: HODGES, GEOFFREY T
Address: 9545 N. FLORIDA AVE.
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify 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: GEOFFREY T. HODGES

STD

04/27/2007

Electronic Signature of Signing Officer or Director

Date