2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 377134

GAVINS, SHÈILA T

267 JESSICA LANE

QUINCY, FL 32351

Name:

Address:

City-St-Zip:

FILED Jan 23, 2007 Secretary of State

Entity Nar	me: HAVANA	FORD, INC.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
P O BOX 588 HAVANA, FL 32333			US HWY 27 SO HAVANA, FL 3233	3	
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
P O BOX 5 HAVANA,					
FEI Number:	: 59-1348999	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
BALL, CLIVE JR. U.S. HIGHWAY 27 S HAVANA, FL US				BALL,JR, CLIVE P U.S. HIGHWAY 27 S HAVANA, FL 32333 US	
	named entity set of Florida.	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: CLIVE BALL, JR				01/23/2007	
	Electror	ic Signature of Registered Age	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () BALL, CLIVE J 302 S. MAIN ST HAVANA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () BALL, JANE W 302 S MAIN ST HAVANA, FL	Delete	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () BALL, KENNET 302 S MAIN ST HAVANA, FL,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	AS ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: SHELIA T GAVINS AS 01/23/2007