2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# 535787

Entity Name: BOZARD FORD CO.

Current Principal Place of Business:

1700N PONCE DE LEON BLVD.
ST AUGUSTINE, FL 32084 US

New Principal Place of Business:

540 PRIME OUTLETS BLVD
ST AUGUSTINE, FL 32084 US

Current Mailing Address:

1700 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 320842616 US

New Mailing Address:

540 PRIME OUTLETS BLVD
ST AUGUSTINE, FL 32084 US

FEI Number: 59-1741580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOZARD, FRED H. III
1700 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL US

Name and Address of New Registered Agent:

HAROLD W. SHAD III
540 PRIME OUTLETS BLVD
ST. AUGUSTINE, FL 32084 US

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: HAROLD W SHAD III 07/07/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: BOZARD III, FRED H,
Address: 317 REDWING LANE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: CD ( ) Delete
Name: SHAD, HAROLD W III
Address: 5031 YACHT CLUB RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP (X) Delete
Name: KEY, JOSEPH F
Address: 225 MYRA STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: S ( ) Delete
Name: HASTY, ROBERT C
Address: 206 N. OCEAN TRACE ROAD
City-St-Zip: ST. AUGUSTINE, FL 32080

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: S (X) Change ( ) Addition
Name: BUTLER, NANCY L
Address: 234 WOODED CROSSING CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32084

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: NANCY L BUTLER S 07/07/2008
Electronic Signature of Signing Officer or Director Date