

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 820172

FILED
Jan 14, 2009
Secretary of State

Entity Name: GARY SMITH FORD, INC.

Current Principal Place of Business:

% TIMOTHY W. SMITH
1 BEAL PARKWAY NE
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

% TIMOTHY W. SMITH
1 BEAL PARKWAY NE
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-1155466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, TIMOTHY W
1 BEAL PARKWAY
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

SMITH, TIMOTHY W
1 BEAL PARKWAY NE
FORT WALTON BEACH, FL 32548 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:

01/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVD () Delete
Name: SMITH, TIMOTHY
Address: 1 BEAL PARKWAY
City-St-Zip: FORT WALTON BEACH, FL

Title: STD () Delete
Name: SKEEN, JACQUELINE
Address: 1 BEAL PARKWAY
City-St-Zip: FORT WALTON BEACH, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVD (X) Change () Addition
Name: SMITH, TIMOTHY
Address: 1 BEAL PARKWAY NE
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: STD (X) Change () Addition
Name: SKEEN, JACQUELINE
Address: 1 BEAL PARKWAY NE
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: DIR () Change (X) Addition
Name: SMITH, GARY G
Address: 1 BEAL PARKWAY NE
City-St-Zip: FT WALTON BEACH, FL 32548 US

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: JACQUELINE SKEEN

STD

01/14/2009

Electronic Signature of Signing Officer or Director

Date