## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Sep 01, 2006 8:00 am Secretary of State **DOCUMENT # H77634** 1. Entity Name 09-01-2006 90001 043 \*\*\*150.00 RICK'S MOTOR CARS INC. Principal Place of Business Mailing Address C/O RICHARD L. FERGUSON C/O RICHARD L. FERGUSON 6720 114TH AVE NORTH 6720 114TH AVE NORTH LARGO, FL 34643 LARGO, FL 34643 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07032006 Chg-P CR2E034 (11/05) 4. FEI Number City & State Applied For City & State 59-2593586 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERGUSON, RICHARD L. Street Address (P.O. Box Number is Not Acceptable) **6720 114TH AVE NORTH** LARGO, FL 34643 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPT TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME FERGUSON, RICHARD L. NAME 6720 114TH AVE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO, FL CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if

**FILED**