


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90275 036 ***150.00

| | |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # H79053 |  |
| 1. Entity Name RUTLAND'S AUTOMOTIVE GROUP, INC. | |

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|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business 7825 RAMONA BLVD. JACKSONVILLE FL 32221 | Mailing Address 7825 RAMONA BLVD. JACKSONVILLE FL 32221 |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|



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|-----------------------------------------------------------|-----------------------------------|
| 2. Principal Place of Business <i>7825 Ramona Blvd</i> | 3. Mailing Address <i>Same</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

1st MOORE CR2E034 (10/05)

| | | | | |
|-----------------------------------|-------------------------|------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------|
| City & State <i>Orlando FL</i> | City & State | 4. FEI Number 59-2634210 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| Zip <i>32221</i> | Country <i>Duval</i> | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |

| | |
|-------------------------------------------------------------------------------|----------------------------------------------------|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| NICHOLS, ROBERT C. 1050 RIVERSIDE AVENUE JACKSONVILLE FL 32204 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | City FL 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 _____ DATE *4/28/06*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RUTLAND, JOSEPH M 7825 RAMONA BLVD. JACKSONVILLE FL 32221 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD RUTLAND, MELODY J 7825 RAMONA BLVD JACKSONVILLE FL 32221 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other names empowered.

SIGNATURE: *Joseph M. Rutland* DATE: *4/28/06* TIME: *904* PHONE: *781-4584*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #