


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90391 038 ***150.00

DOCUMENT # M98026	
1. Entity Name PARK MOTORS, INC.	

Principal Place of Business 2726 MAIN STREET JACKSONVILLE FL 32206	Mailing Address 2726 MAIN STREET JACKSONVILLE FL 32206
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2. Principal Place of Business - No P.O. Box # 1424 MAIN ST Suite, Apt. #, etc. JACKSONVILLE FL City & State	3. Mailing Address 1424 MAIN ST Suite, Apt. #, etc. JACKSONVILLE FL City & State
Zip 32206 Country DUVAL	Zip 32206 Country DUVAL

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent PRINCIPE, RICHARD 2726 MAIN STREET SUITE 101 JACKSONVILLE FL 32206

4. FEI Number 59-2907851	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when registering) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME PRINCIPE, RICHARD STREET ADDRESS 2726 MAIN ST. CITY - ST - ZIP JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 1424 MAIN ST CITY - ST - ZIP JACKSONVILLE FL 32206	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VST NAME PRINCIPE, JOELLEN STREET ADDRESS 2726 MAIN ST. CITY - ST - ZIP JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 1424 MAIN ST CITY - ST - ZIP JACKSONVILLE FL 32206	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 like empowered.

SIGNATURE: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Richard Principe **DATE** 4/16/07 **DAYTIME PHONE** 904 3566833
President