FROM :   PHONE NO. :

FILED
May 04, 2006 8:00 am
Secretary of State
05-04-2006 90224 030 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000033980

1. Entity Name
S & D MOTORS, INC.

Principal Place of Business	Mailing Address
904 AUGUSTA BLVD NAPLES, FL 34113	904 AUGUSTA BLVD NAPLES, FL 34113

04212006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
	21 Maui Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc. Naples, FL 34112
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3655206 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAPIER, RONALD L ESQ.
1570 SHADOWLAWN DR.
NAPLES, FL 34104

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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PASSAMONDI, STEVE D 904 AUGUSTA BLVD NAPLES, FL 34113 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 21 Maui Circle Naples, FL 34112
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #