

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000009815

FILED
Feb 28, 2006
Secretary of State

Entity Name: FORD PROP OF FLORIDA, INC.

Current Principal Place of Business:

1151/2 E. INDIANA AVENUE
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 457
DELAND, FL 327210457

New Mailing Address:

FEI Number: 54-2093451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STROBECK, ELIZABETH F
1151/2 E. INDIANA AVENUE
DELAND, FL 32724 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FORD, FRANK A
Address: POST OFFICE BOX 457
City-St-Zip: DELAND, FL 327210457

Title: D () Delete
Name: FORD, SARAH R
Address: POST OFFICE BOX 457
City-St-Zip: DELAND, FL 327210457

Title: D () Delete
Name: PENROD, JEAN F
Address: POST OFFICE BOX 457
City-St-Zip: DELAND, FL 327210457

Title: VD () Delete
Name: VEECH, ALEX B JR.
Address: POST OFFICE BOX 457
City-St-Zip: DELAND, FL 327210457

Title: D () Delete
Name: VEECH, RAY F
Address: POST OFFICE BOX 457
City-St-Zip: DELAND, FL 327210457

Title: STD () Delete
Name: STROBECK, ELIZABETH F
Address: POST OFFICE BOX 457
City-St-Zip: DELAND, FL 327210457

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ELIZABETH F. STROBECK

STD

02/28/2006

Electronic Signature of Signing Officer or Director

_____ Date