

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000009815

Entity Name: FORD PROP OF FLORIDA, INC.

FILED
May 01, 2008
Secretary of State

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 (X)

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:

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

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: ELIZABETH FORD WILLIAMS

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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
Name:
Address:
City-St-Zip:

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

Title: STD (X) Change () Addition
Name: WILLIAMS, ELIZABETH F
Address: POST OFFICE BOX 457
City-St-Zip: DELAND, FL 327210457

I hereby certify that the information supplied with this filing does not qualify 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 FORD WILLIAMS

STD

05/01/2008

Electronic Signature of Signing Officer or Director

Date