2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000113476

City-St-Zip:

Entity Name: MUNZY'S MOTORS, INC.

FILED Jul 18, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 183 SW SISTERS WELCOME RD. LAKE CITY, FL 32025 **Current Mailing Address: New Mailing Address:** 183 SW SISTERS WELCOME RD. LAKE CITY, FL 32025 FEI Number: 73-1714171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MUNNS, JAMES R 279 SW SWEETBREEZE DR. LAKE CITY, FL 32024 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: 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CRIBBS, RODNEY L Name: Name: 539 SW CHURCHILL WAY Address: Address: City-St-Zip: LAKE CITY, FL 32025 City-St-Zip: Title: SD Title: () Delete () Change () Addition Name: MUNNS, JAMES R Name: 279 SW SWEETBREEZE DR. Address: Address: LAKE CITY, FL 32024 City-St-Zip: City-St-Zip: Title: Title: () Delete VΡ () Change (X) Addition MUNNS, RUTH Name: Name: 279 SW SWEETBREEZE DR Address Address: City-St-Zip: City-St-Zip: LAKE CITY, FL 32024 Title: () Delete Title: VΡ () Change (X) Addition CRIBBS, PAMELA K Name: Name: Address: Address: 539 SW CHURCHILL WAY

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

LAKE CITY, FL 32025

SIGNATURE: RODNEY L CRIBBS PD 07/18/2005