2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000120403

Entity Name: E.Z. AUTO SALES, INC.

FILED Feb 08, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
701 RIVERSIDE PARK PLACE SUITE 310 JACKSONVILLE, FL 32204				701 RIVERSIDE PARK PLACE SUITE 310 JACKSONVILLE, FL 32204			
Current Mailing Address:				New Mailing Address:			
701 RIVERSIDE PARK PLACE SUITE 310 JACKSONVILLE, FL 32204			701 RIVERSIDE PARK PLACE SUITE 310 JACKSONVILLE, FL 32204				
FEI Number: 20-	3413518	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desir	red ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
WIKER, PAMELA L 701 RIVERSIDE PARK PLACE SUITE 310 JACKSONVILLE, FL 32204 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:							
Election Campai		c Signature of Registered Agen Trust Fund Contribution ().	t			Date	
	-	.,		ADDITION	COLLANGES	TO OFFICERS AND D	IDECTORS.
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	CURRY, JEFFR	PARK PLACE, SUITE 200	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	MATHENY, LAV	PARK PLACE, SUITE 310	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	LYNSKEY, BRIA	PARK PLACE, SUITE 200	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	GRAHAM, HENF	PARK PLACE, SUITE 310	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	WIMBERLY, R.	PARK PLACE, SUITE 310	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	HODGES, DAVI	PARK PLACE, SUITE 310	

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: JEFFREY S. CURRY PD 02/08/2006