

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000044139

1. Entity Name

E.C. PRYCE MOTORS, INC.



Principal Place of Business

3519 COPPER CIRCLE EAST  
JACKSONVILLE FL 32207

Mailing Address

P.O. BOX 10734  
JACKSONVILLE FL 32247  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3195882

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PRYCE, EARL T  
4200 VICTOR STREET  
JACKSONVILLE FL 32207

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME PRYCE, EARL T  
STREET ADDRESS 4200 VICTOR STREET  
CITY- ST- ZIP JACKSONVILLE FL 32207

TITLE VPS ☐ Delete  
NAME PRYCE, CAROLE  
STREET ADDRESS 4200 VICTOR ST  
CITY- ST- ZIP JACKSONVILLE FL 32207

TITLE T ☐ Delete  
NAME PRYCE, EARL T.  
STREET ADDRESS 4200 VICTOR ST.  
CITY- ST- ZIP JACKSONVILLE FL 32207

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS U00000252342  
CITY- ST- ZIP 03/05/05-80023-014 150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Carole Pryce CAROLE PRYCE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-05

Date

904/448-0099

Daytime Phone #