

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90037 034 ***150.00

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 - No P.O. Box #
369 BLANDING BLVD

3. Mailing Address

Suite, Apt. #, etc.

N18

Suite, Apt. #, etc.

City & State

ORANGE PARK FL

City & State

Zip
32013

Country

CLAY

Zip

Country

4. FEI Number **59-3195882**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

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, 2007 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
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

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 exemptions contained in Section 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLE PRYCE, V.P.

4-6-07

904/448-0099

Date

Daytime Phone #