2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # P94000034494 1. Entity Name EDDIE DAVIS AUTOMOTIVE & 4X4'S, INC. Mailing Address Principal Place of Business 1920 NE 27TH AVE. GAINESVILLE FL 32609 1920 NE 27TH AVE. GAINESVILLE FL 32609 2. Principal Place of Business 3. Mailing Address SAME SAME Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3248410 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAVIS, RALPH E Street Address (P.O. Box Number is Not Acceptable) 1920 NE 27TH AVE GAINESVILLE FL 32609 City 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 Gignature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature registed when ternstating) DATE FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Delete THE Change Addition TITLE DAVIS, RALPH E NAME NAME 1920 NE 27TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32609 CITY-ST-ZIP ☐ Delete FITLE Change Addition HUE U00000350410 NAME NAME 05/02/05-80105-008 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Delete TITLE ☐ Change Addition THE 1.AME NAME STREET ADDRESS STREET ADDRESS CHTY-SE-ZIP CITY - ST - ZIP Change Change ☐ Addition ☐ Delete HILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7# Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CHY-SI-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 suppliemental 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 frustee 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 withyan address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR

352-378-5981