2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 11, 2006
Secretary of State

DOCUMENT# P98000004171

Entity Name: FORD OF OCALA, INC.

Current Principal Place of Business:

2816 N.W. PINE AVENUE
OCALA, FL 34475 US

New Principal Place of Business:

Current Mailing Address:

509 E. NASA BLVD.
MELBOURNE, FL 329011943 US

New Mailing Address:

1850 E MERRITT ISLAND CSWY
MERRITT ISLAND, FL 329522665 US

FEI Number: 59-3487109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FOWLER, BRINK & MOSES, P.A.
25 MCLEOD STREET
MERRITT ISLAND, FL 32593 US

Name and Address of New Registered Agent:

SCHILLINGER & COLEMAN, PA
1311 BEDFORD DRIVE
MELBOURNE, FL 32940 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: ALISON J. MOSES 10/11/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DEARDOFF, R B
Address: 509 E. NASA BLVD.
City-St-Zip: MELBOURNE, FL 329011943 US

Title: V ( ) Delete
Name: SCOTT, GARY L
Address: 2816 N.W. PINE AVENUE
City-St-Zip: OCALA, FL 34475 US

Title: ST ( ) Delete
Name: CHENEY, E RENEE
Address: 509 E. NASA BLVD.
City-St-Zip: MELBOURNE, FL 329011943 US

Title: P ( ) Delete
Name: CHAVARA, JOE
Address: 509 E. NASA BLVD.
City-St-Zip: MELBOURNE, FL 329011943 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DEARDOFF, R B
Address: 1850 E MERRITT ISLAND CSWY
City-St-Zip: MERRITT ISLAND, FL 329522665 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: CHENEY, E RENEE
Address: 1850 E MERRITT ISLAND CSWY
City-St-Zip: MERRITT ISLAND, FL 329522665 US

Title: P (X) Change ( ) Addition
Name: CHAVARA, JOE
Address: 1850 E MERRITT ISLAND CSWY
City-St-Zip: MERRITT ISLAND, FL 329522665 US

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: R B DEARDOFF D 10/11/2006
Electronic Signature of Signing Officer or Director Date