

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000084681

1. Entity Name  
J. ED FLOYD MOTORS, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 APR -8 PM 1:11

Principal Place of Business  
PO BOX 551260  
JACKSONVILLE, FL 32255

Mailing Address  
PO BOX 551260  
JACKSONVILLE, FL 32255



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

04012005 Chg-P CR2E034 (10/03)

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
59-3535353

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

SCHNEIDER, MICHAEL N  
5150 BELFORT ROAD  
BUILDING 100  
JACKSONVILLE, FL 32256

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  
NAME MORRIS, COLLEEN  
STREET ADDRESS 10441 PINEHURST DR.  
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE V  
NAME Roselyn Ramaghi  
STREET ADDRESS 615 Queens Harbor Blvd.  
CITY-ST-ZIP Jacksonville, FL 32225

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME Cheryl Sassard  
STREET ADDRESS 5150 Belfort Road, Building 100  
CITY-ST-ZIP Jacksonville, FL 32256

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME 0000521488  
STREET ADDRESS 04/26/05--01067--014 \*\*61.25  
CITY-ST-ZIP

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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: Cheryl Sassard  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2005 (901) 908-3801  
Date Daytime Phone #