2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# P98000084681

Entity Name: J. ED FLOYD MOTORS, INC.

Current Principal Place of Business:

PO BOX 551260
JACKSONVILLE, FL 32255

New Principal Place of Business:

Current Mailing Address:

PO BOX 551260
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 59-3535353 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ANSBACHER & SCHNEIDER, P,.A,.
5150 BELFORT ROAD
BUILDING 100
JACKSONVILLE, FL 32256 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: MICHAEL N. SCHNEIDER 04/26/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: MORRIS, COLLEEN
Address: 10441 PINEHURST DR.
City-St-Zip: JACKSONVILLE, FL 32218

Title: V ( ) Delete
Name: RAMAGHI, ROSELYN
Address: 615 QUEENS HARBOR BLVD
City-St-Zip: JACKSONVILLE, FL 32225

Title: S ( ) Delete
Name: SASSARD, CHERYL
Address: 5150 BELFORT ROAD, BLDG 100
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: COLLEEN MORRIS PSTD 04/26/2006
Electronic Signature of Signing Officer or Director Date