


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90123 008 ***150.00

DOCUMENT # P98000093509					
1. Entity Name JARRETT-GORDON FORD, INC.					
Principal Place of Business 33026 HWY 27 HAINES CITY, FL 33844 US			Mailing Address P O BOX 3570 HAINES CITY, FL 33845 US		
2. Principal Place of Business 2600 ACCESS RD NW.		3. Mailing Address 2600 ACCESS RD NW			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DAVENPORT, FLORIDA		City & State DAVENPORT FLORIDA		4. FEI Number 59-3542166	
Zip 33897		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, LEONARD H 37837 MERIDIAN AVE., SUITE 314 DADE CITY, FL 33525			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARRETT, WILLIAM JR. <input type="checkbox"/> Delete 1305 US 27 NORTH AVON PARK, FL 33825		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARRETT, BRIAN D <input type="checkbox"/> Delete 2000 E. BAKER ST. PLANT CITY, FL 33566		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, LITTLE A <input type="checkbox"/> Delete 33026 HWY 27 HAINES CITY, FL 33844		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTHONY GORDON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2600 ACCESS RD NW DAVENPORT, FL 33897	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____			ANTHONY GORDON 3/8/2005 863-422-1167		