

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S17814

FILED  
Jan 29, 2010  
Secretary of State

Entity Name: FAMILY FORD, INC.

## Current Principal Place of Business:

9090 ADAMO DR  
TAMPA, FL 33619 US

## New Principal Place of Business:

## Current Mailing Address:

9090 ADAMO DR  
TAMPA, FL 33619 US

## New Mailing Address:

FEI Number: 59-3043050      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HAMMOND, WAYNE  
9090 ADAMO DR  
TAMPA, FL 33619 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DC  
Name: BREECH, ANDREW L  
Address: 2120 WILSHIRE BLVD.,#400  
City-St-Zip: SANTA MONICA, CA 90403

Title: D  
Name: LEADER, PAUL F  
Address: 2740 VISTA DEL PIEDRA  
City-St-Zip: JANUL, CA 91935

Title: D  
Name: OLLIGES, EDWARD J  
Address: 660 N. DECATUR BLVD.  
City-St-Zip: LAS VEGAS, NV 89107

Title: TRDS  
Name: WOODS, BRIAN R  
Address: 101 N 4TH AVE SUITE 106  
City-St-Zip: STURGEON BAY, WI 54235

Title: DP  
Name: LEVINE, E. PAUL  
Address: 919 CAPRICCIO LANE  
City-St-Zip: APOLLO BEACH, FL 33572

Title: V  
Name: HAMMOND, WAYNE  
Address: 9090 ADAMO DR  
City-St-Zip: TAMPA, FL 33619

I hereby 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 all other like empowered.

SIGNATURE: WAYNE HAMMOND

V

01/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date