


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90097 010 \*\*\*150.00

DOCUMENT # 374680			
1. Entity Name FAIRCLOTH FORD, INC.			
Principal Place of Business P.O. BOX 2025 PERRY FL 32348		Mailing Address P.O. BOX 2025 PERRY FL 32348	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1310915		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FAIRCLOTH, FRANK, B <del>650 HOVER ROAD</del> 1750 Houck Road PERRY FL 32348		Name: FRANK B FAIRCLOTH Street Address (P.O. Box Number is Not Acceptable): P.O. BOX 2025 1750 Houck Road City: Perry FL Zip Code: 32348	
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: <i>Frank Faircloth</i>		DATE: _____	
FILE NOW!!! - FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PTD NAME: FAIRCLOTH, FRANK B STREET ADDRESS: P.O. BOX 2025 1750 Houck Road CITY-ST-ZIP: PERRY FL 32348	<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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Frank Faircloth</i>		Date: 2-14-2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



ATTACHMENT  
66005191

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2006

FAIRCLOTH FORD, INC.  
P.O. BOX 2025  
PERRY, FL 32348

Subject: FAIRCLOTH FORD, INC.

Reference Number:

374680

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD

ANNUAL REPORTS SECTION