~2007 FOR PROFIT CORPORATION ANNUAL REPORT -

DOCUMENT #414199

1. Entity Name

POMPANO LINCOLN MERCURY, INC.



FILED Apr 18, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

2741 NORTH FEDERAL HIGHWAY POMPANO BEACH, FL 33064

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04132007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1458361 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

GARDNER, GLENN 911 NE 2ND AVENUE FT. LAUDERDALE, FL 33304

DO NOT WRITE IN THIS SPACE

	tions of registered agent,	rpose or changing as reg	gialorea office of re	sgistered agent, or be		аросрі
SIGNATURE	Signature, typed or printed name of registered agent and title it:	applicable (NOTE, Re	igistered Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Trust Fund Contribu	~ ~~	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECT	TORS		* .	- 6	
TITLE	DP					
NAME	GARDNER, G		:		•	
STREET ADDRESS	911 NE 2ND AVE				•	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		•		:	
TITLE	DVP		•	,		
NAME	CARISS, W J					
STREET ADDRESS	7411 MAPLE AVE			•	*	
CITY-ST-ZIP	PENNSAUKEN, NJ 08109		"		•	
TITLE	AS					
NAME	MULLIN, K A					
STREET ADDRESS	7411 MAPLE AVE			no.	NOT WEITE	
CITY-ST-ZIP	PENNSAUKEN, NJ 08109			שטע	NOT WRITE	
TITLE	EVP			' IAI'	THIS SPACE	
NAME	ZICH, R			IIA	I HIS SPACE	
STREET ADDRESS	448 NW 93RD AVE		.	, ,		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071			· State		
TITLE	ST					
NAME	HESS, A		1	•		ĺ
STREET ADDRESS	2029 N OCEAN BLVD #503		ľ	•		
CITY CT 710	ET LAUDEDDALE EL 2220E					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 gither like empowered.

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ecretary Areasurer

4/13/07 (954) 782-8

04/27/07-80054-007 158.75

U000000715169

Daytime Phone #