

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 414199

1. Entity Name
POMPANO LINCOLN MERCURY, INC.



FILED
Jul 31, 2008 08:00 AM
Secretary of State

Principal Place of Business
**2741 NORTH FEDERAL HIGHWAY
POMPANO BEACH, FL 33064**

Mailing Address
**2741 NORTH FEDERAL HIGHWAY
POMPANO BEACH, FL 33064**



DO NOT WRITE IN THIS SPACE

07282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1458361	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARDNER, G 911 NE 2ND AVE FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CARISS, W J 7411 MAPLE AVE PENNSAUKEN, NJ 08109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MULLIN, K A 7411 MAPLE AVE PENNSAUKEN, NJ 08109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP ZICH, R 448 NW 93RD AVE CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HESS, A 2029 N OCEAN BLVD #503 FT LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000956716
07/31/08-80001-008 158.75

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12. I hereby certify that the information supplied with this filing 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 other like empowered.

SIGNATURE:

(Signature) **(A-T Hess)** Secretary/Treasurer 7/27/08 (954) 982-8110