


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 432992

1. Entity Name
SPITZER DODGE, INC.



Principal Place of Business Mailing Address

30101 SOUTH DIXIE HIGHWAY **30101 SOUTH DIXIE HIGHWAY**
HOMESTEAD, FL 33033-3205 **HOMESTEAD, FL 33033-3205**

DO NOT WRITE IN THIS SPACE



07152004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1518936 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KIRKLAND, HENRY
30101 SOUTH DIXIE HWY
HOMESTEAD, FL 33030

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

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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	S THOMAS, BURY 150 E. BRIDGE STREET ELYRIA, OH 44035
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SPITZER, ALAN 30101 S DIXIE HWY HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KRIKLAND, HENRY JR 30101 S. DIXIE HWY HOMESTEAD, FL
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 07/20/04-80006-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 officers empowered.

SIGNATURE: _____ Date: **7/15/04** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR