


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 432992</b>	
1. Entity Name SPITZER DODGE, INC.	

Principal Place of Business 30101 SOUTH DIXIE HIGHWAY HOMESTEAD, FL 33033-3205	Mailing Address 30101 SOUTH DIXIE HIGHWAY HOMESTEAD, FL 33033-3205
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**DO NOT WRITE IN THIS SPACE**



05102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1518936	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KIRKLAND, HENRY  
30101 SOUTH DIXIE HWY  
HOMESTEAD, FL 33030

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

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/30/07-80034-021 150.00

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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:  05/10/07 440 323 4671  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #