


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A.
Secretary of State

DOCUMENT # 432992 1. Entity Name SPITZER DODGE, INC.	
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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



04072008 No Chg-P CR2E034 (11/05)

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000392 P47E 04/23/08-80053-025 150.00
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10. OFFICERS AND DIRECTORS

TITLE	S	THOMAS, BURY
NAME		
STREET ADDRESS		150 E. BRIDGE STREET
CITY-ST-ZIP		ELYRIA, OH 44035
TITLE	PD	SPITZER, ALAN
NAME		
STREET ADDRESS		30101 S DIXIE HWY
CITY-ST-ZIP		HOMESTEAD, FL
TITLE	T	KIRKLAND, HENRY JR
NAME		KIRKLAND,
STREET ADDRESS		30101 S. DIXIE HWY
CITY-ST-ZIP		HOMESTEAD, FL
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: _____ 4/11/08 440 323 4671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #