

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 653936
 1. Entity Name
DYNAMIC MOTOR CAR CENTER, INC.



Principal Place of Business: **5411 PALMER BLVD. SARASOTA FL 34232-2731**
 Mailing Address: **5411 PALMER BLVD. SARASOTA FL 34232-2731 US**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

2nd MOORE CR2E034 (5/05)

City & State

4. FEI Number: **59-2315825**
 Applied For: Not Applicable

Zip: Country

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

6. Name and Address of Current Registered Agent
**PUGH, WILLIAM H., JR.
 680 MYAKKA ROAD
 SARASOTA FL 34240**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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)

FILE NOW!!! FEE IS \$550.00
DUE BY September 7, 2005
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS		
TITLE: P	NAME: PUGH, WILLIAM H., JR.	<input type="checkbox"/> Delete
STREET ADDRESS: 680 MYAKKA ROAD	CITY-ST-ZIP: SARASOTA FL	
TITLE: ST	NAME: PUGH, PEGGY JEAN	<input type="checkbox"/> Delete
STREET ADDRESS: 680 MYAKKA ROAD	CITY-ST-ZIP: SARASOTA FL	
TITLE: P	NAME: PUGH, WILLIAM JR.	<input type="checkbox"/> Delete
STREET ADDRESS: 680 MYAKKA ROAD	CITY-ST-ZIP: SARASOTA FL	
TITLE: S	NAME: PUGH, PEGGY JEAN	<input type="checkbox"/> Delete
STREET ADDRESS: 680 MYAKKA ROAD	CITY-ST-ZIP: SARASOTA FL	
TITLE: _____	NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	

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 like empowered.

SIGNATURE: _____ DATE: **8-2-2005** DAYTIME PHONE #: **941-371-8844**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR