



# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # F99000000976</b> 1. Entity Name <b>DAYTONA BEACH LINCOLN MERCURY, INC.</b>	
--	---

FILED  
07 DEC 19 PM 2: 33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>966 INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32114</b>	Mailing Address <b>966 INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32114</b>
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



12182007	Chg-P	CR2E034 (12/06)
4. FEI Number <b>59-3557292</b>	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
------------------------------	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MATTHEWS, IRVING J</b> <input type="checkbox"/> Delete <b>966 INTERNATIONAL SPEEDWAY BLVD</b> <b>DAYTONA BEACH, FL 32114</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Scott D Majercik</b> <b>12347 W 128th Terrace</b> <b>Overland Park KS 66213</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>WOLF, TONY</b> <b>1455 LINCOLN PKWY SUITE 450</b> <b>ATLANTA, GA 30346</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100113354931</b> <b>12/24/07--01004--014 **70.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>SIMMONS, ARNOLD</b> <b>16800 EXECUTIVE PLAZA DRIVE</b> <b>DEARBORN, MI 48126</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>12/19</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <input type="checkbox"/> Delete <b>MATTHEWS, DARLENE</b> <b>966 INTERNATIONAL SPEEDWAY BLVD</b> <b>DAYTONA BEACH, FL 32114</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <input type="checkbox"/> Delete <b>HILL, TANYA</b> <b>16800 EXECUTIVE PLAZA DRIVE</b> <b>DEARBORN, MI 48126</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <input type="checkbox"/> Delete <b>DURBIN, PETE</b> <b>1455 LINCOLN PKWY SUITE 450</b> <b>ATLANTA, GA 30346</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Darlene Matthews* **DARLENE MATTHEWS** **12/18/07** **386 255-6412**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #