## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # H08452**

 Entity Name SUNCOAST CHRYSLER JEEP, INC.

Principal Place of Business

8755 PARK BLVD. 501 EAST KENNEDY BLVD., SUITE 1700 SEMINOLE, FL 34647 Mailing Address

8755 PARK BLVD. 501 EAST KENNEDY BLVD., SUITE 1700 SEMINOLE, FL 34647

## FILED Apr 28, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02232004 No Chg-P CR2E034 (10/03)

4. FEI Number		Applied For
59-1565382		Not Applicable
5. Certificate of Status Desired	<b>8.75</b> ee Req	Additional_ uired

6. Name and Address of Current Registered Agent

BOGGS, E. JACKSON, ESQ. 501 EAST KENNEDY BLVD. SUITE 1700 TAMPA. FL 33602

## DO NOT WRITE IN THIS SPACE

I AMPA, F	L 33602			IN THIS STASE		
	named entity submits this statement for the pions of registered agent	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and file	If applicable (NOTE Registered	d Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.	ncing	\$5.00 cm war auddumidaaca	U00000134276	
10.	OFFICERS AND DIREC	CTORS			U4/28/04-80014-005 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMIDT, WAYNE F., SR. 8755 PARK BOULEVARD SEMINOLE, FL				07/20/04-00014-000 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHMIDT, WAYNE F., JR. 8755 PARK BOULEVARD SEMINOLE, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHMIDT, PHILIP A. 8755 PARK BOULEVARD SEMINOLE, FL			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDT, ELIZABETH 8755 PARK BLVD. SEMINOLE, FL			IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDT, JOYCE C 8755 PARK BLVD. SEMINOLE, FL					
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D SCHMIDT, THOMAS 8755 PARK BLVD. SEMINOLE, FL					
12. I hereby of indicated	certify that the information supplied with this fi	ling does not qualify for the exer	mption state	d in Section 119.07(3)	(i), Florida Statutes. I further certify that the information	

12. Increby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that may 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 fewor as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607 or an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND LAPED OR P

7/23/09 Date

Daylime Phone #