2005 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:

Apr 18, 2005 8:00 am Secretary of State **DOCUMENT # P03000068695** 04-18-2005 90307 019 ***150.00 GANN AUTO GROUP, INC. Principal Place of Business Mailing Address 501 MORNING SUN 501 MORNING SUN 712-712-ORMOND BEACH, FL-32174 ORMOND BEACH, FL 32174 2. Principal Place of Business 3. Mailing Address 1575 AVIATION CENTER PKW 1575 AVIATION CENTER PKWS Suite, Apt. #, etc. SUITE 526 Suite, Apt. #, etc. 04132005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For DRMUND ORMOND BEACH 01-0788458 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 2114 VOLUSIA VOLUSIA Fee Required 32/14 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GANN, KENNETH R 501 MORNING SUN DRIVE 1207 HAMPSTEAD LANK Street Address (P.O. Box Number is Not Acceptable) ORMOND BEACH, FL 32174 左翘 山 Zip Code FL 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. 4-13-05 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. P.T TITLE Change ☐ Delete TITLE Addition GANN KENNETH R GANN, KENNETH R NAME NAME 1207 HAMPSTEAD LANE 501 MORNING SUN DRIVE, 712 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH, FL 32174 ORMOND BEACH ح VP.S ☐ Addition TITLE ☐ Delete TITLE GANN JUSTING 1207 HAMPSTEAD LANE GANN, JUSTINE NAME NAME 501 MORNING BUN DRIVE, 712 STREET ADDRESS STREET ADDRESS ORMOND BEACH,, FL 32174 CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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)(i), 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.

FILED

XINNETH & GANN 4-13-05 386-453-3253