2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 02, 2004 08:00 AM DOCUMENT # P20540 **Secretary of State** 1. Entity Name BRANDON DODGE, INC. Principal Place of Business Mailing Address 9207 ADAMO DRIVE EAST PO BOX 76037 TAMPA, FL 33619 TAMPA, FL 33675 US 02242004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2938843 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCDERMOTT, MICHAEL J DO NOT WRITE 791 WEST LUMSDEN ROAD BRANDON, FL 33511 IN THIS SPACE 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) U00000074023 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be 03/03/04-80001-010 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE WOODS, SANFORD L. NAME STREET ADDRESS 9207 ADAMO DRIVE EAST CITY-ST-7IP TAMPA, FL 33619 TITLE NAME ZOSS, SHARON R STREET ADDRESS 9207 ADAMO DRIVE EAST CITY-ST-ZIP TAMPA, FL 33619 WOODS, VERNA M NAME STREET ADDRESS 9207 ADAMO DRIVE EAST DO NOT WRITE TAMPA, FL 33619 CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME 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 eath, 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. PRESIDENT

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. L. WOODS

02/25/2004

813.620.4300

Date

Daytime Phone #

FILED