FILE	D
Apr 04, 2005	08:00 AM
Secretary	of State

<b>DOCUMENT # P20540</b>
1. Entity Name
BRANDON DODGE, INC.

Principal Place of Business

Mailing Address

9207 ADAMO DRIVE EAST PO BOX 76037 TAMPA, FL 33619 US

TAMPA, FL 33675 US



DO NOT WRITE IN THIS SPACE

03192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2938843

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDERMOTT, MICHAEL J 791 WEST LUMSDEN ROAD BRANDON, FL 33511

## DO NOT WRITE IN THIS SPACE

		<u>}_</u>	<u>-</u>	and the same of th		
	named entity submits this statement for the p ions of registered agent.	urpose of changing its registered o	ffice or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE Signature, typed or printed name of registered agont and title if applicable. [NOTE Registered Agent signature required when reinstating]  DATE						
FILE NOWID FEE IS \$150.00 9. Election Campaign Financing \$5.0						
10.	OFFICERS AND DIREC	TORS		700001589017		
TITLE NAME STREET ADDRESS CITY-SY-ZIP	PD WOODS, SANFORD L. 9207 ADAMO DRIVE EAST TAMPA, FL 33619			04/04/05-80093-010 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ZOSS, SHARON R 9207 ADAMŌ DRIVE EAST TAMPA, FL 33619					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODS, VERNA M 9207 ADAMO DRIVE EAST TAMPA, FL 33619		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,, .	<del></del>			
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this fling 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 floort 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 trust the employered 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 a address, bith all other like employered.

**SIGNATURE:** 

FICER OF DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF S

03/28/2005

813.620.4300x20