

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT



FILED

07 APR 26 AM 11: 22

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



DOCUMENT # P93000073898
1. Entity Name
CENTRAL FLORIDA LINCOLN MERCURY, INC.

Principal Place of Business
2055 W. COLONIAL DRIVE
ORLANDO, FL 32804 US

Mailing Address
1850 E MERRITT ISLAND CSWY
MERRITT ISLAND, FL 32952-2665 US

2. Principal Place of Business - No P.O. Box #
3. Mailing Address

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
City & State

Zip
Country
Zip
Country

04062007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3208843

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHILLINGER & COLEMAN, PA
1311 BEDFORD DRIVE
MELBOURNE, FL 32940

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DEARDOFF, R BRUCE <input type="checkbox"/> Delete 1850 E MERRITT ISLAND CSWY MERRITT ISLAND, FL 329522665 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST CHENEY, E. RENEE <input type="checkbox"/> Delete 1850 E MERRITT ISLAND CSWY MERRITT ISLAND, FL 329522665 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CHAVARA, JOE <input checked="" type="checkbox"/> Delete 2055 WEST COLONIAL DR. ORLANDO, FL 32804 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

000103132940
05/24/07-01013-014 **70.00

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 empowerers.

SIGNATURE: RB Deardoff 4-12-07 321 452 9634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RB Deardoff