


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90109 048 \*\*\*150.00

**DOCUMENT # P97000011507**  
 1. Entity Name  
**PHILLIPS CHRYSLER-JEEP, INC.**



Principal Place of Business      Mailing Address  
**3440 SO PINE AVE**      **3320 SOUTH U.S. HIGHWAY 27/441**  
**OCALA, FL 34471 US**      **FRUITLAND PARK, FL 34731**

00040J03



03082005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3425785</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**PHILLIPS, LARRY M**  
**3320 S US HWY 27/441**  
**FRUITLAND PARK, FL 34731**

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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	DPS7 PHILLIPS, LARRY M 3320 SOUTH U.S. HIGHWAY 27/441 FRUITLAND PARK, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D/ Assistant Sec/Treasurer Phillips, Robert W 3320 South U.S. Highway 27/441 Fruitland Park, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE:         
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #