


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90037 004 \*\*\*150.00

DOCUMENT # P99000014911  
 1. Entity Name  
 SONIC - LLOYD PONTIAC - CADILLAC, INC.



Principal Place of Business      Mailing Address  
 100 E. 23RD ST.                      100 E. 23RD ST.  
 PANAMA CITY, FL 32405              PANAMA CITY, FL 32405

**DO NOT WRITE IN THIS SPACE**



01132004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3560058              Not Applicable

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

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION, FL 33324

**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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, BRYAN S
STREET ADDRESS	1820 DILWORTH RD W
CITY-ST-ZIP	CHARLOTTE, NC 28003
TITLE	T
NAME	WRIGHT, THEODORE
STREET ADDRESS	308 LEANING TREE
CITY-ST-ZIP	COLUMBIA, SC
TITLE	AST
NAME	TORGERSON, ROBERT B
STREET ADDRESS	2353 WOODHIGHLANDS DR
CITY-ST-ZIP	BIRMINGHAM, AL 35244
TITLE	AS
NAME	MILTON FLERL
STREET ADDRESS	1106 FAIRLIE DR
CITY-ST-ZIP	WETUMPKA, AL 36293
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: \_\_\_\_\_ DATE: 2/23/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone