


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000014911 1. Entity Name SONIC - LLOYD PONTIAC - CADILLAC, INC.	
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FILED
 04 NOV -9 PM 4: 28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 100 E. 23RD ST. PANAMA CITY, FL 32405	Mailing Address 100 E. 23RD ST. PANAMA CITY, FL 32405
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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10202004 Chg-P CR2E034 (10/03)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-3560058	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. <input type="checkbox"/>	\$5.00 May Be Added to Fees: 8100042609588 04/04--01087--011 **\$5.00
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	SMITH, BRYAN S
STREET ADDRESS	4516 Belknap Rd.
CITY-ST-ZIP	CHARLOTTE, NC 28211
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	WRIGHT, THEODORE
STREET ADDRESS	308 LEANING TREE
CITY-ST-ZIP	COLUMBIA, SC
TITLE	AS <input checked="" type="checkbox"/> Delete
NAME	FLERL, MILTON
STREET ADDRESS	1106 PAIRIG DR
CITY-ST-ZIP	WESTUMPKA, AL 36293
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Asst S. <input checked="" type="checkbox"/> ADDITION
NAME	Mike Mullins
STREET ADDRESS	21799 US Hwy 19 N.
CITY-ST-ZIP	Clearwater, FL 33765

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	E. Lee Wyatt, Jr.
STREET ADDRESS	6415 Idlewild Rd, Std 109
CITY-ST-ZIP	Charlotte, NC 28212
TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Iuppenlatz
STREET ADDRESS	6415 Idlewild Rd Ste 109
CITY-ST-ZIP	Charlotte, NC 28212
TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen K. Coss
STREET ADDRESS	6415 Idlewild Rd Std 109
CITY-ST-ZIP	Charlotte, NC 28212
TITLE	Asst S/Asst T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph O'Connor
STREET ADDRESS	6415 Idlewild Rd Std 109
CITY-ST-ZIP	Charlotte, NC 28212
TITLE	Asst S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Plummer
STREET ADDRESS	6415 Idlewild Rd Std 109
CITY-ST-ZIP	Charlotte, NC 28212
TITLE	Asst S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peggy McFarland
STREET ADDRESS	5260 Peachtree Industrial Blvd
CITY-ST-ZIP	Chamblee, Ga 30341

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: Joseph O'Connor, Jr Joseph O'Connor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #