

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 8:00 am
Secretary of State

02-14-2006 90001 015 ***150.00

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DOCUMENT # P99000014911					
1. Entity Name SONIC - LLOYD PONTIAC - CADILLAC, INC.					
Principal Place of Business 100 E. 23RD ST. PANAMA CITY, FL 32405			Mailing Address 100 E. 23RD ST. PANAMA CITY, FL 32405		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, BRYAN S		NAME	MULLINS, MIKE	
STREET ADDRESS	4516 BELKNAP RD		STREET ADDRESS	21799 26th HWY 19 NORTH	
CITY-ST-ZIP	CHARLOTTE, NC 28211		CITY-ST-ZIP	CLEARWATER, FL 33765	
TITLE	VT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYATT, E. LEE JR		NAME		
STREET ADDRESS	6415 IDLEWILD RD STE 109		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC 28212		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IUPPENLATZ, MARK		NAME		
STREET ADDRESS	6415 IDLEWILD RD STE 109		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC 28212		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSS, STEPHEN K		NAME		
STREET ADDRESS	6415 IDLEWILD RD STE 109		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC 28212		CITY-ST-ZIP		
TITLE	ASAT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR, JOSEPH		NAME		
STREET ADDRESS	6415 IDLEWILD RD STE 109		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC 28212		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUMMER, DAVID		NAME		
STREET ADDRESS	6415 IDLEWILD RD STE 109		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC 28212		CITY-ST-ZIP		
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 empowered.					
SIGNATURE: <u>ME M</u> Michael E Mullins			Date: <u>2/9/06</u>		Daytime Phone #: <u>813-299-9450</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					