


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000014911 1. Entity Name SONIC - LLOYD PONTIAC - CADILLAC, INC.	
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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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DO NOT WRITE IN THIS SPACE



02192007 No Chg-P CR2E034 (11/05)

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

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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 reconstituting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	P SMITH, BRYAN S 4516 BELKNAP RD CHARLOTTE, NC 28211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MULLINS, MIKE 21799 US HWY N CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IUPPENLATZ, MARK 6415 IDLEWILD RD STE 109 CHARLOTTE, NC 28212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COSS, STEPHEN K 6415 IDLEWILD RD STE 109 CHARLOTTE, NC 28212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT O'CONNOR, JOSEPH 6415 IDLEWILD RD STE 109 CHARLOTTE, NC 28212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PLUMMER, DAVID 6415 IDLEWILD RD STE 109 CHARLOTTE, NC 28212

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 03/07/07-80075-007 150.00

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 empowered.

SIGNATURE: M E M Asst Secy 2/23/07 813-299-9450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #