

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 NOV 21 AM 10: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000014918 1. Entity Name SONIC - LLOYD NISSAN, INC.					
Principal Place of Business 120 E. 23RD ST. PANAMA CITY, FL 32405		Mailing Address 120 E. 23RD ST. PANAMA CITY, FL 32405			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3560057	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT 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		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, BRYAN S 4516 BELKNAP RD CHARLOTTE, NC 28211	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vp/Treas David Cospier 6415 Idlewild Rd ste 109 Charlotte, NC 28212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IUPPENLATZ, MARK 6415 IDLEWILD RD STE 109 CHARLOTTE, NC 28212	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P Frank J. Dyke 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Sec Scott Dobler 2125 Larchwood Ct Trinity, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS O'CONNOR, JOSEPH K 6415 IDLEWILD RD STE 109 CHARLOTTE, NC 28212	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Sec Chris Barry 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Sec 000081985250 11/21/06--01037--004 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MULLINS, MIKE 21799 US HWY 19 NORTH CLEARWATER, FL 33765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Scott Dobler</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>11/20/06</u>	Daytime Phone #: <u>850-763-6575</u>



11152006 Chg-P CR2E034 (11/05)