


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2004 8:00 am
Secretary of State

06-02-2004 90003 050 ***150.00

DOCUMENT # P99000043291 1. Entity Name SONIC - SHOTTENKIRK, INC.					
Principal Place of Business 5600 PENSACOLA BLVD PENSACOLA, FL 32505			Mailing Address 5600 PENSACOLA BLVD PENSACOLA, FL 32505		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
			03092003 Chg-P CR2E034 (10/03)		4. FEI Number 59-3575773
			5. Certificate of Status Desired <input type="checkbox"/>		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 CT CORPORATION SYSTEM 1200 S 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 <u>Milton B Flerl AST</u> DATE <u>5-18-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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 6407 IDLEWILD RD BLDG 2 STE 109 CHARLOTTE, NC 28212	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WRIGHT, THEODORE M 6407 IDLEWILD RD BLDG 2 STE 109 CHARLOTTE, NC 28212	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BROWN, RICKY L 6407 IDLEWILD RD BLDG 2 STE 109 CHARLOTTE, NC 28212	<input type="checkbox"/> Delete change →	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST MILTON B. FLERL 711 EASTERN BLVD MONTGOMERY AL 36117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COSS, STEPHEN K 6415 IDLEWILD RD, BLDG 2, STE 109 CHARLOTTE, NC 28212	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PLUMMER, DAVID 6415 IDLEWILD RD, BLDG 2, STE 109 CHARLOTTE, NC 28212	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TORGERSON, ROBERT 6415 IDLEWILD RD, BLDG 2, STE 109 CHARLOTTE, NC 28212	<input checked="" 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 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: <u>Milton B Flerl</u>		Date <u>5/18/04</u>		Daytime Phone #	