

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # S55720

1. Entity Name
SELECT MOTOR CAR OF GAINESVILLE, INC.



Principal Place of Business
PO BOX 1759
MELROSE, FL 32666 US

Mailing Address
PO BOX 1759
MELROSE, FL 32666 US



02202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FE# Number
59-3098635 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONTANE, ALAN E.
147 SE 5TH AVE
MELROSE, FL 32666

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MONTAINE, ALAN E.
STREET ADDRESS 147 SE 5TH AVE
CITY-ST-ZIP MELROSE, FL 32666

TITLE STD
NAME MONTANE, ALAN E.
STREET ADDRESS 147 SE 5TH AVE
CITY-ST-ZIP MELROSE, FL 32666

TITLE
NAME
STREET ADDRESS
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U00000510728
04/29/06-80016-011 150.00

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IN THIS SPACE**

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: Alan E. Montane ALAN MONTANE 4-14-06 352-335-9636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #