

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 132882

Entity Name: PIONEER MOTOR SALES CO

FILED
Oct 06, 2005
Secretary of State

Current Principal Place of Business:

209 SOUTH MAIN ST
BELLE GLADE, FL 33430

New Principal Place of Business:

1926 10TH AVENUE NORTH
SUITE 400
LAKE WORTH, FL 33461

Current Mailing Address:

209 SOUTH MAIN ST
BELLE GLADE, FL 33430

New Mailing Address:

1926 10TH AVENUE NORTH
SUITE 400
LAKE WORTH, FL 33461

FEI Number: 59-0404400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PATE, CRAIG D
Address: 209 SOUTH MAIN ST
City-St-Zip: BELLE GLADE, FL 33430

Title: VP () Delete
Name: PATE, STEPHEN L
Address: 209 SOUTH MAIN ST
City-St-Zip: BELLE GLADE, FL 33430

Title: ST () Delete
Name: SHEER, CINDY P
Address: 209 SOUTH MAIN ST
City-St-Zip: BELLE GLADE, FL 33430

Title: D (X) Delete
Name: PATE, S.C.
Address: 209 SOUTH MAIN ST
City-St-Zip: BELLE GLADE, FL 33430

Title: D (X) Delete
Name: MAYS, MARTIN E
Address: 209 SOUTH MAIN ST
City-St-Zip: BELLE GLADE, FL 33430

Title: D (X) Delete
Name: VIERA, RICHARD
Address: 209 S. MAIN STREET
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: SHAH, CHANDRAKANT
Address: 1926 10TH AVENUE NORTH, SUITE 400
City-St-Zip: LAKE WORTH, FL 33461

Title: AS (X) Change () Addition
Name: MUELLER, MICHELE M
Address: 1926 10TH AVENUE NORTH, SUITE 400
City-St-Zip: LAKE WORTH, FL 33461

Title: D (X) Change () Addition
Name: SHAH, CHANDRAKANT
Address: 1926 10TH AVENUE NORTH, SUITE 400
City-St-Zip: LAKE WORTH, FL 33461

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE M MUELLER

AS

10/06/2005

Electronic Signature of Signing Officer or Director

Date