


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # 176212 1. Entity Name GABLES LINCOLN-MERCURY, INC.	
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Principal Place of Business 4001 PONCE DE LEON BLVD. CORAL GABLES, FL 33146-1417	Mailing Address 4001 PONCE DE LEON BLVD. CORAL GABLES, FL 33146-1417
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DO NOT WRITE IN THIS SPACE

04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0708130	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

CAGLE, PETER
7211 SW 62 AVE SUITE 201
MIAMI, FL 33143

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000326252 04/23/05-80049-006 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHAEFER, JOHN H 4001 PONCE DE LEON BLVD CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCHAEFER, PAUL T 4001 PONCE DE LEON BLVD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHAEFER, T. W. 4001 PONCE DE LEON BLVD CORAL GABLES, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **John H. Schaefer 4-18-05 (305)-445-7711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #