

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90027 041 ***150.00

DOCUMENT # 176212

1. Entity Name
GABLES LINCOLN-MERCURY, INC.



Principal Place of Business

**6370 SW 102 ST.
MIAMI, FL 33156**

Mailing Address

**6370 SW 102 ST.
MIAMI, FL 33156**

DO NOT WRITE IN THIS SPACE



02232008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0708130

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAGLE, PETER
6701 SUNSET DR.
STE 112
MIAMI, FL 33143
2555 RENCE DE LEON BLVD.
STE 320.
CORAL GABLES, FL 33134

**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, 2008 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	SCHAEFER, JOHN H
STREET ADDRESS	6370 SW 102 ST.
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VSD
NAME	SCHAEFER, PAUL T
STREET ADDRESS	4919 BILTMORE DR
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	TD
NAME	SCHAEFER, THOMAS W
STREET ADDRESS	12085 SW 65 AVE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN H SCHAEFER

3-17-08, 305-667-1722