## 2006 FOR PROFIT CORPORATION

## Apr 21, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #215718** 04-21-2006 90104 033 \*\*\*150.00 1. Entity Name DELRAY LINCOLN MERCURY, INC. Principal Place of Business Mailing Address 2102 SOUTH FEDERAL HIGHWAY 2102 SOUTH FEDERAL HIGHWAY DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122006 Chg-P CR2E034 (11/05) City & State City & State 4. FE! Number Applied For 59-0855911 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YOUNG, ROY TIMOTHY Street Address (P.O. Box Number is Not Acceptable) 2102 S. FEDERAL HWY. DELRAY BEACH, FL 33483 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE 🗶 Delete TITLE Change YOUNG.EDWIN W NAME NAME 2255 W MAYA PALM DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL Delete \_\_ Change □ Addition TITLE TITLE NAME YOUNG, ROY TIMOTHY STREET ADDRESS 2102 S. FED. HWY. STREET ADDRESS DELRAY BEACH, FL CRY-ST-ZIP CITY-SE-7IP □ Change → Addition TITLE □ Delete TITLE YOUNG, JOHN BRUCE NAME 2102 S FEDERAL HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL CITY-ST-ZIP X Delete Change Addition TITLE YOUNG. 50: FEDERAL HWY WILSON, LORRAINE J NAMÉ NAME 2102 S FEDERAL HWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DELRAY BCH., FL TITLE □ Delete TITLE T Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST+7IP CITY-ST-ZIP TITLE Delete TITLE \_\_ Change Addition NAME STREET ADDRESS STREET ADDRESS

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 is changed, or on an attachment with an address, with all other, like empowered

CITY-ST-ZIP

SIGNATURE: )

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**