## T. Roberts MAY 05 ZUUS

## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 217784  1. Entity Name DUVAL MOTORCARS OF GAINESVILLE, INC.  DOS APR 26 PM 4:												
DOCUMENT # 217784						FI	LEL	, 	,			
1. Entity Name DUVAL MOTORCARS OF GAINESVILLE, INC.						05 APR	26 F	1. 1 M	<b>1</b> }-			
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Principal Place	e of Business DE PARK PLACE	Mailing Address 701 RIVERSIDE PARK P	Mailing Address 701 RIVERSIDE PARK PLACE			OS APR SECNIL TALLAT	ASSET	1,1200				
SUITE 310		SUITE 310			• •							
	.E, FL 32204 US	JACKSONVILLE, FL 32204 US										
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04042005	Chg-	Р	CR2E034	(10/03)			
City & State		City & State			4. FEI Number Applied For 59-6077952 Not Applied					olied For Applicable		
Zip	Country Zip Co		Coun	try	5. Certificate of Status Desired					\$8.75 Additional Fee Required		
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent								
LAWRENCE M. MATHENY JR & PAMELA L. WIKER				Name Pamela L. Wiker								
701 RIVERSIDE PARK PLACE SUITE 310				Street Address (P.O. Box Number is Not Acceptable) 701 Riverside Park P1. Suite 310								
JACKSONVILLE, FL 32204				City					т	70 maa		
P. The phone period antity submits this statement for the surpass of changing its surpass.				, ,	odcksomviile FL 32204							
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												
Am	ibution.		Adde	ed to Fees								
10.	OFFICERS AND D		11.		<b>a</b> D	ADDITIONS/	CHANGES	TO OFFICE			IN 11	
TIPLE NAME	VD Delete GRAHAM, HENRY H JR		TITLE NAM:		CD Gra	ham, H	enry	H. J:	r. ¯	Change	☐ Addition	
STREET ADDRESS	701 RIVERSIDE PARK PLACE, SUITE 310			et address	701	River ksonvi	side	Park	Plac	e, S	te 31¢	
CITY-ST-ZIP	JACKSONVILLE, FL 32204 S DE Delete		-	-ST-ZIP	V	KSONVI	ire,	FL 3.			<b>—</b>	
NAME	EST Delete		NAMI		Win	berly,	R. 0	Glynn	_	] Change	Addition	
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,			STREET ADDRESS CITY-ST-ZIP		River	side	Pārk	Pl,	Ste.	310	
CITY-ST-ZIP	ZF JACKSONVILLE, FL 32204  CD   ☐ Delete			-SI-ZIP	Jac	ksonvi			2204- <b>233</b> E			
NAME	MCRAE, WALTER A JR			E		05.4	0.40	<b>6</b> 613		<b>*</b>	25	
STREET ADDRESS CITY-ST-ZIP	s 1725 MEMORIAL PARK DR. JACKSONVILLE, FL 32204			et address -St-Zip:*								
TITLE	PTD Delete				STD	)				[ Change	Addition	
NAME	MATHENY, LAWRENCE M JR	□ oeeee	NAMI		Mat	henv	Lawre	ence l	M. Jr			
STREET ADDRESS CITY-ST-ZIP	701 RIVERSIDE PARK PLACE, S JACKSONVILLE, FL 32204	UITE 310		et address -st-zip	Jac	River ksonvi	side lle.	Park FL 3:	2204-	3342	310	
TITLE	D	Delete	TITLE		1.1					] Change	Addition	
NAME	LONG, WILLIAM A	□ beiete	NAMI			9	QQC	)5 <u>4</u> 2	222E 002	Cimile		
STREET ADDRESS CITY-ST-ZIP				et address -st-zip		05/1	U/U5-	-01079	1)()2	**61.	.25	
TITLE D Defete			TITLE		PD	<del></del> -				Change	Addition	
MAME HODGES, DAVID C JR STREET ADDRESS 701 RIVERSIDE PARK PLACE, SUITE 310			NAM		Hod 701	ges, Da River:	avid	C. Ji	r. Pl	Ste	1	
CITY-ST-ZIP JACKSONVILLE, FL 32204				et address -St-Zip		ksonvi					. 510	
12. I hereby o	certify that the information supplied with	this filing does not qualify for	the exe	mption stat							formation	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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: David C. Hodges, Jr. 4/6/05 904-354-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Priore #