2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #218301

1. Entity Name CHEVROLET CENTER INC

FILED Jan 23, 2006 08:00 AM Secretary of State

Principal Place of Business

SIGNATURE:

P O BOX 433 101 CYPRESS GRDS BLVD WINTER HAVEN, FL 33882-0433 Mailing Address

P 0 B0X 433

101 CYPRESS GRDS BLVD WINTER HAVEN, FL 33882-0433



DO NOT WRITE IN THIS SPACE

01182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0863226 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

PORTLOCK, SAMUEL W III 101 CYPRESS GARDENS BLVD SW WINTER HAVEN, FL 33880

DO	NOT	WRITE
IN T	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 OUTSING FEE IN MINICIPAL I		9. Election Campaign Financin Trust Fund Contribution.	• _□	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TOAS		······································	<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PORTLOCK, FRANK 850 WEST LAKE OTIS WINTER HAVEN, FL 33880						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PORTLOCK, SAM W III 8 BROUGHTON COURT SE WINTER HAVEN, FL 33880				(100000339444 02/01/06-80012-023 150.00		
TITLE NAME STREET ADDRESS GITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-SY-ZIP				IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•		
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 it made under oath; that I am an officer or director of the comporation 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 officially incomposed.							