

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 248518

FILED  
Mar 02, 2005  
Secretary of State

Entity Name: MCNAMARA PONTIAC, INC.

## Current Principal Place of Business:

1010 W COLONIAL DR  
BOX 3269  
ORLANDO, FL 32802

## New Principal Place of Business:

## Current Mailing Address:

1010 W COLONIAL DR  
BOX 3269  
ORLANDO, FL 32802

## New Mailing Address:

FEI Number: 59-0931819

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WRIGHT FULFORD, MOORHEAD BROWN P.A  
145 N MAGNOLIA AVE  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MCNAMARA SR,DENNIS C,  
Address: 1740 TURNBERRY TERRACE  
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete  
Name: MCNAMARA JR.,DENNIS, C  
Address: 65 INTERLAKEN ROAD  
City-St-Zip: ORLANDO, FL

Title: VD ( ) Delete  
Name: MCNAMARA, HAL B.,  
Address: 1023 GOLFWVIEW STREET  
City-St-Zip: ORLANDO, FL

Title: VS ( ) Delete  
Name: HADD, DENNIS L  
Address: 806 SWEETWATER ISLAND  
City-St-Zip: LONGWOOD, FL 32779

Title: S ( ) Delete  
Name: MUSACCHIO, ANDREW J  
Address: 873 NORTH LAKE CLAIRE CIR  
City-St-Zip: OVIEDO, FL 32765

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAL MCNAMARA

VP

03/02/2005

Electronic Signature of Signing Officer or Director

Date