

2005 FOR PROFIT CORPORATION ANNUAL REPORT

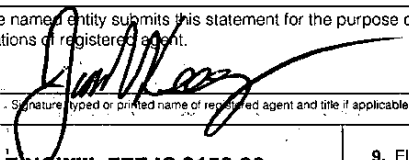
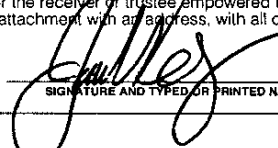
FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90044 037 ***150.00

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01272005 Chg-P CR2E034 (10/03)

DOCUMENT # 276111			
1. Entity Name JIM BOAST DODGE, INC.			
Principal Place of Business 4827 14TH ST W BRADENTON, FL 34207-2018		Mailing Address 220 WEST MAIN STREET TAVARES, FL 32778	
2. Principal Place of Business		3. Mailing Address 4827 14th St W	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Bradenton, FL	
Zip	Country	Zip	Country
		34207-2018	Manatee
4. FEI Number 59-1036376		Applied For ☐ Not Applicable	
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	
KEEDY, JAMES F 220 WEST MAIN STREET TAVARES, FL 32778		Name James F. Keedy	
		Street Address (P.O. Box Number is Not Acceptable)	
		4827 14th St. W	
		City Bradenton	
		FL Zip Code 34207	
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 		DATE 1/27/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEEDY, JAMES F., SUCCESSOR TRUSTEE 220 WEST MAIN STREET TAVARES, FL 32778 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4827 14th St W Bradenton, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KEEDY, JAMES F 220 WEST MAIN STREET TAVARES, FL 32778 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4827 14th St W Bradenton, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IMBODEN, JAMES M 4827 14TH STREET WEST BRADENTON, FL 34207 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 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: 		Date 1/27/05 941-755-8585	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	