2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 283526

1. Entity Name
REGISTER CHEVROLET & OLDSMOBILE INC

Principal Place of Business	Mailing Address
14181 CORTEZ BLVD BROOKSVILLE, FL 34613	P.O. BOX 1536 BROOKSVILLE, FL 34605

01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1054762
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REGISTER,MAX
9863 DOMINGO DRIVE
BROOKSVILLE, FL 34601

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	CTD
NAME	REGISTER,MAX
STREET ADDRESS	9863 DOMINGO DR
CITY-ST-ZIP	BOOKSVILLE, FL
TITLE	VPSD
NAME	REGISTER,MYRA NELL
STREET ADDRESS	9863 DOMINGO DR
CITY-ST-ZIP	BROOKSVILLE, FL
TITLE	D
NAME	SMITH, DEBRA NELL
STREET ADDRESS	427 EDERINGTON DR
CITY-ST-ZIP	BROOKSVILLE, FL
TITLE	D
NAME	MORRILL, VICKI LYNN
STREET ADDRESS	506 COLONIAL DR
CITY-ST-ZIP	BROOKSVILLE, FL 00000,
TITLE	PD
NAME	SMITH, STUART S
STREET ADDRESS	427 EDERINGTON DRIVE
CITY-ST-ZIP	BROOKSVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/21/05-80080-014 150.00

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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: Max Register MAX REGISTER 01/18/05 (352) 597-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #