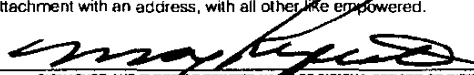


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90035 001 ***150.00

DOCUMENT # 283526 1. Entity Name REGISTER CHEVROLET & OLDSMOBILE INC					
Principal Place of Business 14181 CORTEZ BLVD BROOKSVILLE, FL 34613			Mailing Address P.O. BOX 1536 BROOKSVILLE, FL 34605		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1054762	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent REGISTER.MAX 9863 DOMINGO DRIVE BROOKSVILLE, FL 34601				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	CTD ☐ Delete REGISTER.MAX 9863 DOMINGO DR BROOKSVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition 34601		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD ☐ Delete REGISTER.MYRA NELL 9863 DOMINGO DR BROOKSVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition 34601		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete SMITH, DEBRA NELL 427 EDERINGTON DR BROOKSVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 510 COLONIAL DR 34601		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete MORRILL, VICKI LYNN 506 COLONIAL DR BROOKSVILLE, FL 00000,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition 34601		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☐ Delete SMITH, STUART S 427 EDERINGTON DRIVE BROOKSVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 510 COLONIAL DR 34601		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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 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 01/23/07 (352) 597-3333			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			