2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 312980

FILED Apr 26, 2006 Secretary of State

Entity Name: NORTH FLORIDA LINCOLN MERCURY OF ORANGE PARK, INC

Littly Nai	ile. NORTHE	LORIDA LINCOLIN WILK	CORT OF ORANGE FAR	K, INC.			
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
	NDING BLVD. VILLE, FL 3224	44 US					
Current M	ailing Address	s:	New Mail	ing Address:			
	NDING BLVD. VILLE, FL 3224	14 US					
FEI Number:	: 59-1159165	FEI Number Applied For () FEI Number Not App	licable ()	Certificate of Status Desire	ed (X)	
Name and	Address of C	urrent Registered Ager	nt: Name and	l Address of	New Registered Agent:		
	/ILLIAM B LSEA LAKE RD IVILLE, FL 3229						
	named entity s e of Florida.	ubmits this statement for	the purpose of changing	its registered	office or registered agent	, or both,	
SIGNATUR	RE:						
	Electroni	c Signature of Registere	d Agent	Date			
Election Car	npaign Financing	Trust Fund Contribution ()).				
OFFICERS	S AND DIRECT	ORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PS () LYNCH, HAL 4952 ORTEGA F JACKSONVILLE		Title: Name: Address: City-St-Zip:	LYNCH, HAL	X) Change()Addition A FOREST DR LE, FL 32210		
Title: Name: Address: City-St-Zip:	DVP () I LYNCH, WILLIAN 9938 CHELSEA JACKSONVILLE	LAKE RD	Title: Name: Address: City-St-Zip:	S () LYNCH, WILL 9938 CHELSE JACKSONVILI	A LAKE RD		
Title: Name: Address: City-St-Zip:	BISPLINGHOFF,	N CIRCLE WEST	Title: Name: Address: City-St-Zip:	BISPLINGHOR 251 CLEARW	•		
Title: Name:	D () LYNCH, ROBER	Delete T P	Title: Name:	VP (X	X) Change()Addition ERT P		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Address:

City-St-Zip:

4704 ALGONQUIN AVE

JACKSONVILLE, FL 32210

SIGNATURE: WILLIAM B LYNCH S 04/26/2006

4704 ALGONQUIN AVE

JACKSONVILLE, FL 32210

Address:

City-St-Zip: