


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2006 8:00 am**  
**Secretary of State**

06-02-2006 90004 030 \*\*\*550.00

|  |  |   |
|--|--|---|
| <b>DOCUMENT # 324611</b>                         |  |  |
| 1. Entity Name<br>ADVANTAGE FORD OF STUART, INC. |  |   |

|  |  |
|--|--|
| Principal Place of Business<br>4501 S.E. FEDERAL HWY<br>STUART, FL 34997 | Mailing Address<br>4501 S.E. FEDERAL HWY<br>STUART, FL 34997 |
|--|--|

**50020464**

|   |         |                                   |         |
|---|---------|-----------------------------------|---------|
| 2. Principal Place of Business<br>4000 SE Federal Hwy |         | 3. Mailing Address<br>PO Box 2930 |         |
| Suite, Apt. #, etc.                                   |         | Suite, Apt. #, etc.               |         |
| City & State<br>Stuart, FL                            |         | City & State<br>Stuart, FL        |         |
| Zip<br>34997  | Country | Zip<br>34995                      | Country |



05152006 Chg-P CR2E034 (11/05)

|  |  |  |
|--|--|--|
| 4. FEI Number<br>59-1199240  |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |  |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND RD.<br>PLANTATION, FL 33324 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 6, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>GRACE, PRINCESTON<br>4501 SE FEDERAL HIGHWAY<br>STUART, FL 34997 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Darlene A. Matthews<br>4000 SE Federal Hwy<br>Stuart, FL 34997 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MATTHEWS, IRVING J<br>4501 SE FEDERAL HIGHWAY<br>STUART, FL 34997 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 4000 SE Federal Hwy.<br>Stuart FL 34997 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DORSEY, T D<br>1455 LINCOLN PARKWAY, SUITE 450<br>ATLANTA, GA 30346 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>BLAKE, NICOLE<br>4501 SE FEDERAL HWY<br>STUART, FL 34997 <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 4000 SE Federal Hwy<br>Stuart, FL 34997 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>LEDFOED, J G<br>1455 LINCOLN PARKWAY, SUITE 450<br>ATLANTA, GA 30346 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>KILBRIDE, BL<br>1455 LINCOLN PARKWAY SUITE 450<br>ATLANTA, GA 30346 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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: Michael Blah 5/12/06 772-781-6515  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #