


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 331478**  
 1. Entity Name  
**WES HANEY CHEVROLET, INC.**



Principal Place of Business      Mailing Address  
**816 EAST HOWARD STREET**      **PO BOX 878**  
**LIVE OAK, FL 32064**      **LIVE OAK, FL 32064 US**

**DO NOT WRITE IN THIS SPACE**



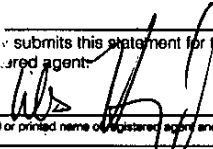
01032007    No Chg-P    CR2E034 (11/05)

4. FEI Number  
**59-1212783**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HANEY, DAVID W JR.**  
**816 E HOWARD ST**  
**LIVE OAK, FL 32064**

**DO NOT WRITE IN THIS SPACE**

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:       **1-3-07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANEY, DAVID W JR PO BOX 878 LIVE OAK, FL 32064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SULLIVAN, JULIE A 423 WEST BOURNE ST LA JOLLA, CA 92037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SWANN, EILEEN PO BOX 878 LIVE OAK, FL 32064
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/08/07-80003-013 150.00

**DO NOT WRITE IN THIS SPACE**

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 info 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, 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:       **1-3-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime