

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # 357180

1. Entity Name
SHEEHAN PONTIAC - GMC, INC.



Principal Place of Business
**2800 N FEDERAL HWY
LIGHTHOUSE POINT, FL 33064**

Mailing Address
**2800 N FEDERAL HWY
LIGHTHOUSE POINT, FL 33064**

DO NOT WRITE IN THIS SPACE



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1159050	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHEEHAN, J. THOMAS
2800 N FEDERAL HWY
LIGHTHOUSE POINT, FL 33064**

**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 _____ 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPT
NAME	SHEEHAN, CATHERINE M
STREET ADDRESS	2131 NE 29 STREET
CITY-ST-ZIP	LIGHTHOUSE POINT, FL

TITLE	PS
NAME	SHEEHAN, J. THOMAS
STREET ADDRESS	2131 NE 29 STREET
CITY-ST-ZIP	LIGHTHOUSE POINT, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/08/06-80062-004 150.00

**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 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 of the following empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____