

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 380114

1. Entity Name
PALATKA FORD-MERCURY, INC.



Principal Place of Business
**420 NORTH PALM AVENUE
BOX 831
PALATKA, FL 32177-2508**

Mailing Address
**420 NORTH PALM AVENUE
BOX 831
PALATKA, FL 32177-2508**

DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1319042

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

**BREGAN, L.A. JR.
420 NORTH PALM AVENUE
PALATKA, FL 32077**

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
BREGAN, L.A., JR
RT 1,
ST AUGUSTINE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
COCCO, ANTHONY C
REDBUD LANE
PALATKA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SILCOX, MERLE W
2701 LANE ST
PALATKA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000025431
02/02/04-80027-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

A. C. Cocco

01/21/04

386 328-8881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #