

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 380114

FILED  
Feb 08, 2008  
Secretary of State

Entity Name: PALATKA FORD-MERCURY, INC.

## Current Principal Place of Business:

420 NORTH PALM AVENUE  
BOX 831  
PALATKA, FL 321772508

## New Principal Place of Business:

## Current Mailing Address:

420 NORTH PALM AVENUE  
BOX 831  
PALATKA, FL 321772508

## New Mailing Address:

FEI Number: 59-1319042      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BREGAN, L.A., JR.  
Address: 7950 A1ASOUTH #101  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: STD ( ) Delete  
Name: COCCO, ANTHONY C,  
Address: 9159 JUNE LANE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: V ( ) Delete  
Name: SILCOX, MERLE W  
Address: 2701 LANE ST  
City-St-Zip: PALATKA, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: SARTIANO, CHRYSTII C  
Address: 106 MARSHSIDE DR  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: V ( ) Change (X) Addition  
Name: SARTIANO, TIMOTHY J  
Address: 106 MARSHSIDE DR  
City-St-Zip: SAINT AUGUSTINE, FL 32080

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

SIGNATURE: CHRYSTII C. SARTIANO

V

02/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date