

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 390290

1. Entity Name
WADE RAULERSON PONTIAC-GMC TRUCK, INC.



Principal Place of Business
**2101 N MAIN ST
PO BOX 1646
GAINESVILLE, FL 32602**

Mailing Address
**2101 N MAIN ST
PO BOX 1646
GAINESVILLE, FL 32602**



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1363595

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WADE, RAULERSON
2101 N MAIN PO BOX 1646
GAINESVILLE, FL 32609**

**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

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, 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	V
NAME	RAULERSON, PAULA
STREET ADDRESS	2101 N MAIN ST
CITY - ST - ZIP	GAINESVILLE, FL
TITLE	P
NAME	RAULERSON, WADE
STREET ADDRESS	2101 N. MAIN ST.
CITY - ST - ZIP	GAINESVILLE, FL
TITLE	ST
NAME	RAULERSON, PAULETTE
STREET ADDRESS	2101 N MAIN ST
CITY - ST - ZIP	GAINESVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000399129
01/31/06-80027-019 150.00

**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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/06

Date

Daytime Phone