


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 400306**

1. Entity Name  
**THOMAS CHEVROLET-GEO-BUICK-OLDS.-PONTIAC, INC.**



Principal Place of Business 2128 HWY. 19 S. PERRY, FL 32347 US	Mailing Address P.O. BOX 415 PERRY, FL 32347 US
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**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 72-0401210	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, LEWIS H  
 2128 HWY 19 SO  
 PERRY, FL 32347

**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 reappointing)

**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 THOMAS, MARY JO 504 PLANTATION RD., P.O. BOX 415 PERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRANTLEY, ALAN R. 1005 W. JULIA STREET PERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, LEWIS CAL 306 GLENRIDGE ROAD PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TORNILLO, MERRIO 3148 HAWKS LANDING TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, LEWIS H 504 PLANTATION ROAD PERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000094328  
 03/22/04-80055-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lewis H Thomas, Director 3-18-04 850-584-6221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #