

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 400306

1. Entity Name  
THOMAS CHEVROLET BUICK PONTIAC INC.



Principal Place of Business  
2128 HWY. 19 S.  
PERRY, FL 32348 US

Mailing Address  
P.O. BOX 415  
PERRY, FL 32348 US

**FILED**  
**Mar 25, 2008 08:00 AM**  
**Secretary of State**



03042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
72-0401210

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

THOMAS, LEWIS H  
2128 HWY 19 SO  
PERRY, FL 32348

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME THOMAS, MARY JO  
STREET ADDRESS 504 PLANTATION RD./ P.O. BOX 415  
CITY-ST-ZIP PERRY, FL 32348

TITLE VP  
NAME BRANTLEY, ALAN R.  
STREET ADDRESS 207 STATE STREET  
CITY-ST-ZIP PERRY, FL

TITLE VP  
NAME THOMAS, LEWIS CAL  
STREET ADDRESS 306 GLENRIDGE ROAD  
CITY-ST-ZIP PERRY, FL 32348

TITLE ST  
NAME TORNILLO, MERRIO  
STREET ADDRESS 3148 HAWKS LANDING  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000870189  
04/09/08-80079-017 150.00

**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

Mary Jo Thomas Pres. Mary Jo Thomas 04/24/08 850-584-6221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Pres. Date Daytime Phone