2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 17, 2005 08:00 AM Secretary of State **DOCUMENT # 409990** 1. Entity Name BRANDON CHRYSLER PLYMOUTH JEEP, INC. Principal Place of Business Mailing Address 67 LADOGA AVE 1728 W BRANDON BLVD BRANDON FL 33511 TAMPA FL 33606 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1421118 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VAUGHN, ROBERT JR. Street Address (P.O. Box Number is Not Acceptable) **67 LADOGA AVENUE** TAMPA FL 33606 City Zip Code FL 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 Régistered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition TITLE Delete TITLE SHUTLZ, WYNETTE NAME NAME 4309 E KNIGHTS GRIFFIN RD STREET ADDRESS SERRET ADDRESS CITY-ST-ZIP PLANT CITY FL 33565 CITY-ST-ZIP TITLE Defete T(T) FChange Addition NAME VAUGHN, FRANCES C NAME 67 LADOGA AVE. STREET ADDRESS STREET ADDRESS U00000267432 CITY-ST-ZIP TAMPA FL 33606 CITY-ST-ZIP 03/17/05-80070-008 158. Delete URE Change ☐ Addition VAUGHN, ROBERT E NAME NAME STREET ADDRESS STREET ADDRESS 67 LADOGA AVE CITY ST-7IP CITY-ST-ZIF TAMPA FL 33606 TILLE Change Addition Delete THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete IIILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FICER OR DIRECTOR

FILED