

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 429622

FILED  
Jan 12, 2004  
Secretary of State

Entity Name: BOB WILSON DODGE, INC.

## Current Principal Place of Business:

11945 N. FLORIDA AVENUE  
P.O. BOX 280019  
TAMPA, FL 336820019

## New Principal Place of Business:

## Current Mailing Address:

11945 N. FLORIDA AVENUE  
P.O. BOX 280019  
TAMPA, FL 336820019

## New Mailing Address:

FEI Number: 59-1468379      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, ROBERT M.  
11945 N FLORIDA AVENUE  
TAMPA, FL 33612

## Name and Address of New Registered Agent:

WILSON, ROBERT M PRES  
11945 N FLORIDA AVENUE  
TAMPA, FL 33612

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: ROBERT M. WILSON

01/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCM ( ) Delete  
Name: WILSON, ROBERT M  
Address: 4403 DALE A VENUE  
City-St-Zip: TAMPA, FL 33609

Title: VD ( ) Delete  
Name: WILSON, PATRICIA M  
Address: 4403 DALE AVENUE  
City-St-Zip: TAMPA, FL 33609

Title: VSTD ( ) Delete  
Name: WILSON-KRIZ, ANSLEY  
Address: 4610 TENNYSON  
City-St-Zip: TAMPA, FL 33629

Title: T ( ) Delete  
Name: WILSON-KRIZ, ANSLEY  
Address: 4610 TENNYSON AVE.  
City-St-Zip: TAMPA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCM (X) Change ( ) Addition  
Name: WILSON, ROBERT M  
Address: 405 S. MANHATTAN AVENUE  
City-St-Zip: TAMPA, FL 33609

Title: VD (X) Change ( ) Addition  
Name: WILSON, PATRICIA M  
Address: 405 S. MANHATTAN AVENUE  
City-St-Zip: TAMPA, FL 33609

Title: VSTD (X) Change ( ) Addition  
Name: WILSON-KRIZ, ANSLEY  
Address: 4610 TENNYSON AVENUE  
City-St-Zip: TAMPA, FL 33629

Title: T (X) Change ( ) Addition  
Name: WILSON-KRIZ, ANSLEY  
Address: 4610 TENNYSON AVENUE  
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANSLEY WILSON KRIZ

V

01/12/2004

Electronic Signature of Signing Officer or Director

Date