

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 429622

FILED
Feb 01, 2006
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 PRES
11945 N FLORIDA AVENUE
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

T

02/01/2006

Electronic Signature of Signing Officer or Director

_____ Date