

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 429622

FILED
Mar 04, 2008
Secretary of State

Entity Name: BOB WILSON DODGE, INC.

Current Principal Place of Business:

11945 N. FLORIDA AVENUE
TAMPA, FL 33612

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: 11945 N. FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33612

Title: VD () Delete
Name: WILSON, PATRICIA M
Address: 11945 N. FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33612

Title: VSTD () Delete
Name: WILSON-KRIZ, ANSLEY
Address: 11945 N. FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33612

Title: T () Delete
Name: WILSON-KRIZ, ANSLEY
Address: 11945 N. FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33612

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 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

03/04/2008

Electronic Signature of Signing Officer or Director

Date