

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 429622

FILED  
Apr 21, 2009  
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:

201 NORTH FRANKLIN STREET  
SUITE 2000  
TAMPA, FL 33602

## Current Mailing Address:

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

## New Mailing Address:

201 NORTH FRANKLIN STREET  
SUITE 2000  
TAMPA, FL 33602

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:

GOODWIN, JAMES W ESQ.  
201 NORTH FRANKLIN STREET  
SUITE 2000  
TAMPA, FL 33602 US

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: JAMES W. GOODWIN

04/21/2009

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCM (X) Change ( ) Addition  
Name: WILSON, ROBERT M  
Address: 201 NORTH FRANKLIN STREET, SUITE 2000  
City-St-Zip: TAMPA, FL 33602

Title: VD (X) Change ( ) Addition  
Name: WILSON, PATRICIA M  
Address: 201 NORTH FRANKLIN STREET, SUITE 2000  
City-St-Zip: TAMPA, FL 33602

Title: VSTD (X) Change ( ) Addition  
Name: WILSON-KRIZ, ANSLEY  
Address: 201 NORTH FRANKLIN STREET, SUITE 2000  
City-St-Zip: TAMPA, FL 33602

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: ROBERT M. WILSON

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date