

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 430524

FILED
Jan 18, 2005
Secretary of State

Entity Name: CHARLIE'S DODGE OF FLORIDA, INC.

Current Principal Place of Business:

4815 S US 1
FORT PIERCE, FL 34982 US

New Principal Place of Business:

4815 SO. U.S. 1
FORT PIERCE, FL 34982 US

Current Mailing Address:

4815 S US 1
FORT PIERCE, FL 34982 US

New Mailing Address:

4815 SO. U.S. 1
FORT PIERCE, FL 34982 US

FEI Number: 59-1474101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECHT, EDWARD W
321 S SECOND ST.
FORT PIERCE, FL 34950 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: P () Delete
Name: FLOYD, MARK C.
Address: 7310 ELYSE CIR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: ST () Delete
Name: TOWLER, SHERRY L.,
Address: 816 SW LAKE CHARLES CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP () Delete
Name: HUDDLESTON, THOMAS W
Address: 289 BRAZILIAN CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34952

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:

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: MARK C FLOYD

P

01/18/2005

Electronic Signature of Signing Officer or Director

Date