



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 476809		
1. Entity Name STEVE SORENSEN CHEVROLET, INC.		
Principal Place of Business 21500 HWY 27 LAKE WALES, FL 33859-0506	Mailing Address 21500 HWY 27 LAKE WALES, FL 33859-0506	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent BASSO, KATHY 37 LAKE ELOISE LANE SE WINTER HAVEN, FL 33884		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOESEN, STEVE 1145 LAKE SHORE BLVD. LAKE WALES, FL 33859	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BASSO, KATHY 21500 HWY 27 LAKE WALES, FL 33859	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEHRENS, GREGG 21500 HWY 27 LAKE WALES, FL 33859	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHADE, STEVE 21500 HWY 27 LAKE WALES, FL 33859	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTTENBUR, DAN 21500 HWY 27 LAKE WALES, FL 33859	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOESEN, CHRIS 21500 HWY 27 LAKE WALES, FL 33859	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # 863 676 7671



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1597168	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/20/04-80041-015 150.00