

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90027 001 ***150.00

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	
2. Principal Place of Business		3. Mailing Address P.O. Box 4110			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Lake Wales FL			
Zip	Country	Zip 33859	Country	4. FEI Number 59-1597168	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BASSO, KATHY 37 LAKE ELOISE LANE SE WINTER HAVEN, FL 33884			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SOESEN, STEVE 1145 LAKE SHORE BLVD. LAKE WALES, FL 33859		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BASSO, KATHY 21500 HWY 27 LAKE WALES, FL 33859		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BEHRENS, GREGG 21500 HWY 27 LAKE WALES, FL 33859		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCHADE, STEVE 21500 HWY 27 LAKE WALES, FL 33859		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUTTENBUR, DAN 21500 HWY 27 LAKE WALES, FL 33859		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOESEN, CHRIS 21500 HWY 27 LAKE WALES, FL 33859		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: <u>Kathy Basso</u> <u>Kathy Basso</u> <u>1/20/05</u> <u>863-676-7671</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					