

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 476809

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: SORENSEN SCHADE CHEVROLET, INC.

## Current Principal Place of Business:

21500 HWY 27  
LAKE WALES, FL 338590506

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 4110  
LAKE WALES, FL 33859

## New Mailing Address:

FEI Number: 59-1597168      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BASSO, KATHY  
37 LAKE ELOISE LANE SE  
WINTER HAVEN, FL 33884      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: PD ( ) Delete  
Name: SORENSEN, STEPHEN D,  
Address: 1145 LAKE SHORE BLVD.  
City-St-Zip: LAKE WALES, FL 33859

Title: TD ( ) Delete  
Name: BASSO, KATHY  
Address: 21500 HWY 27  
City-St-Zip: LAKE WALES, FL 33859

Title: VSD ( ) Delete  
Name: SCHADE, STEPHEN R  
Address: 21500 HWY 27  
City-St-Zip: LAKE WALES, FL 33859

Title: D ( ) Delete  
Name: RUTTENBUR, DANIEL M  
Address: 21500 HWY 27  
City-St-Zip: LAKE WALES, FL 33859

Title: D ( ) Delete  
Name: SORENSEN, CHRIS  
Address: 21500 HWY 27  
City-St-Zip: LAKE WALES, FL 33859

## 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:

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: KATHY BASSO

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03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date