

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 481654

**FILED**  
**May 05, 2009**  
**Secretary of State****Entity Name:** PLAZA-LINCOLN MERCURY, INC.**Current Principal Place of Business:**8925 HIGHWAY 441  
LEESBURG, FL 347890037**New Principal Place of Business:****Current Mailing Address:**8925 HIGHWAY 441  
P.O.BOX 895037  
LEESBURG, FL 347890037**New Mailing Address:****FEI Number:** 59-1628060**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**NOLETTE, JOSEPH H  
8925 HIGHWAY 441  
LEESBURG, FL 34789 US**Name and Address of New Registered Agent:**ORNSTEIN, MARK L  
2 SOUTH ORANGE AVENUE  
5TH FLOOR  
ORLANDO, FL 32801 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: MARK L ORNSTEIN

05/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PTSD ( ) Delete  
**Name:** NOLETTE, JOSEPH H  
**Address:** P.O. BOX 895037 OR 8925 HWY 441  
**City-St-Zip:** LEESBURG, FL**Title:** V ( ) Delete  
**Name:** NOLETTE, LORRAINE  
**Address:** 8925 HWY 441  
**City-St-Zip:** LEESBURG, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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: JOSEPH H NOLETTE

PTSD

05/05/2009

Electronic Signature of Signing Officer or Director

Date