

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 493646

1. Entity Name
GARY FRONRATH CHEVROLET, INC.



FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90282 035 ***150.00

Principal Place of Business
**5353 N. FEDERAL HWY
SUITE 204
FT LAUDERDALE, FL 33308 US**

Mailing Address
**5353 N. FEDERAL HWY
SUITE 204
FT LAUDERDALE, FL 33308 US**



2. Principal Place of Business
5353 N. Federal Hwy.

3. Mailing Address
5353 N. Federal Hwy.

04222005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.
Suite 213

City & State
Ft. Lauderdale, FL

Zip
33308

Country
Broward

4. FEI Number
59-1639226

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DORER, ERIC J
5353 N. FEDERAL HWY.
SUITE 204
FORT LAUDERDALE, FL 33308**

7. Name and Address of New Registered Agent

Name
Gary Fronrath

Street Address (P.O. Box Number is Not Acceptable)
5353 N. Federal Hwy.

Suite 213

City
Ft. Lauderdale

FL Zip Code
33308

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 **Gary Fronrath**

4-25-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE
PD

NAME
FRONRATH, GARY

STREET ADDRESS
5353 N. FEDERAL HWY STE., 204

CITY-ST-ZIP
FT. LAUDERDALE, FL 33308

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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☐ Change ☐ Addition

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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: Gary Fronrath, Pres.

4-25-05

954-489-3973

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #