## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 559878** 

Title:

Name:

Address:

City-St-Zip:

Entity Name: JARRETT FORD MERCURY LINCOLN, INC.

FILED Feb 12, 2007 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
13720 US HWY 301 & 98 BY PASS P.O. BOX 1296 DADE CITY, FL 33526				13720 US HWY 301 & 98 BY PASS DADE CITY, FL 33526	
Current Mailing Address:			New Mailing Address:		
13720 US HWY 301 & 98 BY PASS P.O. BOX 1296 DADE CITY, FL 33526		13720 US HWY 301 & 98 BY PASS DADE CITY, FL 33526			
FEI Number:	59-1793089	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
103 N. 3RE	LDER, GLEN I OST. 1, FL 33525	E. US			
The above in the State		submits this statement for the p	urpose of changing its register	red office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address:	ST () JARRETT, WILL	Delete	Title:		
City-St-Zip:	HWY. 27; PO B AVON PARK, FL	OX 1683	Name: Address: City-St-Zip:	( ) Change ( ) Addition	
City-St-Zip: Title: Name: Address: City-St-Zip:	AVON PARK, FL	OX 1683 - Delete N D.,	Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CLIFFORD MARTIN GM 02/12/2007

() Delete

( ) Change (X) Addition

CLIFFORD, MARTIN JR

DADE CITY, FL 33525

13720 US 98 & 301 BYPASS