

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90095 027 ***158.75

DOCUMENT # 560284

1. Entity Name
BONIFACE CHRYSLER DODGE, INC.



Principal Place of Business Mailing Address
1775 EAST MERRITT ISLAND CAUSEWAY **1775 EAST MERRITT ISLAND CAUSEWAY**
MERRITT ISLAND, FL 32952-2662 **MERRITT ISLAND, FL 32952-2662**

40003048



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

01062008 Chg-P CR2E034 (12/06)

City & State City & State 4. FEI Number Applied For
59-1808227 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
BONIFACE, BERNARD R. Name **Boniface Bernard R**
6440 WINGED FOOT DRIVE Street Address (P.O. Box Number is Not Acceptable) **63 S River Rd**
STUART, FL 34997 City **Sewells Point** **FL** Zip Code **34996**

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 1-11-08
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, 2008 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	P	<input type="checkbox"/> Delete		TITLE	P.D.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BONIFACE, BERNARD R.			NAME	Boniface Bernard R		
STREET ADDRESS	6440 WINGED FOOT DRIVE			STREET ADDRESS	63 S River Rd		
CITY-ST-ZIP	STUART, FL			CITY-ST-ZIP	Sewells Point, FL 34996		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	VP D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HIERS, A. J.			NAME	Hiers, A.J.		
STREET ADDRESS	2720 RANCHWOOD CT.			STREET ADDRESS	2820 N Riverside Dr		
CITY-ST-ZIP	MELBOURNE, FL			CITY-ST-ZIP	Indianapolis, FL 32933		
TITLE	ST	<input type="checkbox"/> Delete		TITLE	ST D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUHTA, NEIL			NAME	Huhta, Neil		
STREET ADDRESS	532 HIDDEN HOLLOW DR			STREET ADDRESS	532 Hidden Hollow Dr		
CITY-ST-ZIP	MERRITT ISLAND, FL 32952			CITY-ST-ZIP	Merritt Island FL 32952		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 1/6/08 321-452-8181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #