2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED 1

Jul 05, 2005 8:00 am Secretary of State
07-05-2005 90220 027 ***550.00

DOCUMENT # 587017 BILL HEARD CHEVROLET, INC. - PLANT CITY Principal Place of Business Mailing Address 50054874 601 E ALEXANDER ST **601 E ALEXNADER ST** PO BOX 3209 PO BOX 3209 PLANT CITY, FL 33566 PLANT CITY, FL 33566 US 2. Principal Place of Business 3. Mailing Address 3 2002 N. FRONTAGE Suite, Apt. #, etc. Suite, Apt. #, etc. 06292005 CR2E034 (10/03) Chg-P Applied For City & State 4. FFI Number Sity & State 59-1849278 LAWT Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 City Zip Code FL 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. Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Apent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 7, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Delete TITLE ☐ Change Addition TITLE HEARD, BILL NAME NAME 200 BROOKSTONE CENTRE PARKWAY, SUITE 205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COLUMBUS, GA 31904 CITY-ST-7IP VAS TITLE ☐ Change TITLE Delete ■ Addition YOUNG, RICHARD NAME NAME 200 BROOKSTONE CENTRE PARKWAY, SUITE 205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COLUMBUS, GA 31904 TITLE ☐ Delete TITLE ☐ Change Addition FELDNER, RON NAME NAME 200 BROOKSTONE CENTRE PARKWAY, SUITE 205 STREET ADDRESS STREET ADORESS COLUMBUS, GA 31904 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition TITLE CHIDESTER, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 601 E. ALEXANDER ST. PLANT CITY, FL 33653 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition TITLE 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 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 by Ereport 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 powered

HIDESTEK

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR