

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90025 010 ***550.00

DOCUMENT # 587017

1. Entity Name
BILL HEARD CHEVROLET, INC. - PLANT CITY



Principal Place of Business **FRONTAGE**
2002 NORTH FRONTLINE ROAD
PLANT CITY, FL 33563 US

Mailing Address
601 E. ALEXANDER ST 2002 N. FRONTAGE
PO BOX 3209
PLANT CITY, FL 33566 US

50021944



2. Principal Place of Business
2002 N. FRONTAGE RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07052006 Chg-P CR2E034 (11/05)

City & State
PLANT CITY

City & State
FLORIDA

4. FEI Number
59-1849278

Applied For
Not Applicable

Zip
33567

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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** ☐ Delete
NAME **HEARD, BILL**
STREET ADDRESS **200 BROOKSTONE CENTRE PARKWAY, SUITE 205**
CITY-ST-ZIP **COLUMBUS, GA 31904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VAS** ☐ Delete
NAME **YOUNG, RICHARD**
STREET ADDRESS **200 BROOKSTONE CENTRE PARKWAY, SUITE 205**
CITY-ST-ZIP **COLUMBUS, GA 31904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **FELDNER, RON**
STREET ADDRESS **200 BROOKSTONE CENTRE PARKWAY, SUITE 205**
CITY-ST-ZIP **COLUMBUS, GA 31904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **CHIDESTER, DAVID**
STREET ADDRESS **601 E. ALEXANDER ST.**
CITY-ST-ZIP **PLANT CITY, FL 33653**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2002 N. FRONTAGE RD**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 persons empowered.

SIGNATURE:

DAVID CHIDESTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-06
Date

813 359 5407
Daytime Phone #