


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 587017</b> 1. Entity Name <b>BILL HEARD CHEVROLET, INC. - PLANT CITY</b>	
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Principal Place of Business <b>2002 NORTH FRONTLINE ROAD PLANT CITY, FL 33563 US</b>	Mailing Address <b>2002 NORTH FRONTLINE ROAD PLANT CITY, FL 33563 US</b>
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03192007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1849278</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000676052 03/30/07-80043-016 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HEARD, BILL 200 BROOKSTONE CENTRE PARKWAY, SUITE 205 COLUMBUS, GA 31904</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS YOUNG, RICHARD 200 BROOKSTONE CENTRE PARKWAY, SUITE 205 COLUMBUS, GA 31904</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST FELDNER, RON 200 BROOKSTONE CENTRE PARKWAY, SUITE 205 COLUMBUS, GA 31904</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CHIDESTER, DAVID 2002 N. FRONTAGE RD PLANT CITY, FL 33653</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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:**  **DAVID CHIDESTER** **3-20-07** **813 3595407**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #