

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90019 002 ***158.75

DOCUMENT # 630982 1. Entity Name LAKELAND CHRYSLER DODGE, INC.					
Principal Place of Business 2335 NEW DADE CITY HWY. P.O. BOX 90307 LAKELAND, FL 33804-7307			Mailing Address 2335 NEW DADE CITY HWY. P.O. BOX 90307 LAKELAND, FL 33804-7307		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1924040	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VAUGHN, ROBERT E. JR. 501 E KENNEDY BLVD. STE 706 TAMPA, FL 33602				Name Street Address (P.O. Box Number is Not Acceptable) 6112 KESTRELDRIDGE DRIVE LITHIA, FL 33547 City LITHIA FL Zip Code 33547	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAUGHN, ROBERT E. 122 LAKEWOOD DR. BRANDON, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 67 LADOGA AVE TAMPA, FL 33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRYAN, JAMES R, JR. 6923 ASHBURY DR LAKELAND, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRYAN, JAMES R. 716 DORADO CT BRANDON, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 6112 KESTRELDRIDGE DRIVE LITHIA, FL 33547	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRYAN, ELIZABETH C. 716 DORADO CT BRANDON, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 6112 KESTRELDRIDGE DRIVE LITHIA, FL 33547	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <i>James R. Bryan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			James R. Bryan Date		
			3-14-05 863 687-2501 Daytime Phone #		