

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 17, 2007 8:00 am
Secretary of State

08-17-2007 90031 016 ***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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E034 (4/07)

4. FEI Number **59-1924040**

Applied For

Not Applicable

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

VAUGHN, ROBERT E. JR.
6112 KESTRELDRIDGE DRIVE
LITHIA FL 33547

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 reappointing)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **VAUGHN, ROBERT E.**
STREET ADDRESS **67 LADOGA AVE**
CITY-STATE-ZIP **TAMPA FL 33606**

TITLE **VD** ☐ Delete
NAME **BRYAN, JAMES R. JR.**
STREET ADDRESS **6923 ASHBURY DR**
CITY-STATE-ZIP **LAKELAND FL**

TITLE **PD** ☐ Delete
NAME **BRYAN, JAMES R.**
STREET ADDRESS **6112 KESTRELDRIDGE DRIVE**
CITY-STATE-ZIP **LITHIA FL 33547**

TITLE **STD** ☐ Delete
NAME **BRYAN, ELIZABETH C.**
STREET ADDRESS **6112 KESTRELDRIDGE DRIVE**
CITY-STATE-ZIP **LITHIA FL 33547**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9705 FENROSE TERRACE**
CITY-STATE-ZIP **ORLANDO, FL 32827**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5123 Sandhill Ridge Drive**
CITY-STATE-ZIP **LITHIA, FL 33547**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5923 SANDHILL RIDGE DRIVE**
CITY-STATE-ZIP **LITHIA, FL 33547**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

James R. Bryan **JAMES R. BRYAN**

8/11/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #