## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 689304** 

FILED Nov 29, 2007 Secretary of State

Entity Name: GULF COAST DODGE, INC. **Current Principal Place of Business: New Principal Place of Business:** 15565 S TAMIAMI TRAIL FT MYERS, FL 33906 **Current Mailing Address: New Mailing Address:** PO BOX 70 FT. MYERS, FL 33902 US FEI Number: 59-2028654 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GALLOWAY, SAM M., JR. 1800 BOY SCOUT DRIVE FORT MYERS, FL 33907 US 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. SIGNATURE: Electronic Signature of Registered Agent Date

Title:

## **OFFICERS AND DIRECTORS:**

( ) Delete

Title:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

GALLOWAY, SAM M., JR, . GALLOWAY, SAM M., JR, . Name: Name: 1800 BOY SCOUT DRIVE 1800 BOY SCOUT DRIVE Address: Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33907 Title: () Delete Title: VΡ ( ) Change (X) Addition Name: Name: GALLOWAY, SAM III 1800 BOY SCOUT DRIVE Address: Address: FORT MYERS, FL 33907 City-St-Zip: City-St-Zip: Title: Title: () Delete ( ) Change (X) Addition DOUGHERTY, KATHERINE G Name: Name: 1800 BOY SCOUT DRIVE Address Address: City-St-Zip: City-St-Zip: FORT MYERS, FL 33907 Title: () Delete Title: ( ) Change (X) Addition GALLOWAY, ROBERT W Name: Name: Address: Address: 1800 BOY SCOUT DRIVE City-St-Zip: City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM M GALLOWAY JR PS 11/29/2007