


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90053 006 ***150.00

DOCUMENT # 853544 1. Entity Name JERRY HAMM CHEVROLET, INC.					
Principal Place of Business 2600 PHILLIPS HWY. PO BOX 5749 JACKSONVILLE, FL 32247 US			Mailing Address 2600 PHILLIPS HWY. P.O. BOX 5749 JACKSONVILLE, FL 32247		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HAMM, JERRY T. 2600 PHILLIPS HWY. JACKSONVILLE, FL 32207				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
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	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMM, JERRY T.		NAME		
STREET ADDRESS	5127 LOURCEY RD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
TITLE	VPD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMM, DAVID J		NAME		
STREET ADDRESS	5146 LOURCEY RD.		STREET ADDRESS	275 South 1st Street #101	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	Jacksonville Beach, FL 32250	
TITLE	STD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BREWTON, R. GERALD		NAME		
STREET ADDRESS	12662 MISSION HILLS CIRCLE S.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>R. Gerald Brewton</i> R. Gerald Brewton 2-17-05 904-398-3036 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;"> <small>Date</small> <small>Daytime Phone #</small> </div>					