2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 08, 2004 8:00 am Secretary of State

DOCUMENT # F0000001239 1. Entity Name GAINESVILLE FORD, INC.					04-08-2004 90036 039 ***150.00						
Principal Place of Business Mailing Address							U 4				
3333 NORTH Gainesville	I MAIN STREET , FL 32609		3333 NORTH MAIN STREET GAINESVILLE, FL 32609			1 163 1163 1111 981	In etim taun taun ten		I () 1 	51	
2. Principal P	lace of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01222004	Chg-P	CR2E034 (10	0/03)		
City & State		City & State				4. FEI Number 59-36309	983			plied For Applicable	
Zip	Country	Zip	Country			5. Certificate of	Status Desired		5 Addi		
	Registered Agent				7. Name and Address of New Registered Agent						
C T CORPORATION SYSTEM											
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street A	Street Address (P.O. Box Number is Not Acceptable)						
				City	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 reinstating) DATE											
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees											
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/CH	HANGES TO OFF	ICERS AND DIRE	CTORS	IN 11	
TITLE	VI PRIDE BY	🔼 Delete	TITL		D			□ c	hange	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			re Eet address (-St-Zip	16800 EXECUTIVE PLAZA DRIVE						
TITLE	DAS	🖾 Delete	TITL	.E	BEAL	RBORN, MI	48126	□ C	hange	Addition	
NAME	CREMEAN, W A				T.D.	DORSEY					
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS /-St-zip	1455 LINCOLN PKWY SHITE 450						
TITLE	P .	☐ Delete	TITL		D	min, on.	30340	□ C	hange	⊠ Addition	
NAME STREET ADDRESS	ALVAREZ, JOSEPH 3333 NO MAIN ST		NAM STR	ME EET ADDRESS	1 7	. MCBRIDE					
CITY-ST-ZIP	GAINESVILLE, FL 32609		4	r-ST-ZIP		LINCOLN	PKWY. SU	TITE 450			
TITLE	S	☐ Delete	TITL	.E	ATL	ANTA, GA.	30346	□ C	hange	Addition	
NAME	COLE, SANDRA L		NAM								
STREET ADDRESS CITY-ST-ZIP	10081 SW 74 TERR OCALA, FL 34476			EET ADDRESS Y-ST-ZIP							
TITLE		☐ Delete	TITI						hange	Addition	
NAME			NAM	ΛE				_	•		
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP							
TITLE		☐ Delete	ŢIĬĬ	.E				c	hange	Addition	
NAME expect apprece			NAI						_~_		
CITY-ST-ZIP			-, -	eet address: Y-ST-ZIP	دوعه يووننجوا						
12. 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 closulty of the true and officer or director.											

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.

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