2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State
03-16-2005 90034 036 ***150.00

DOCUMENT # F00000001239

1. Entity Name
GAINESVILLE FORD, INC.

Principal Place of Business
3333 NORTH MAIN STREET
GAINESVILLE, FL 32609

Mailing Address
3333 NORTH MAIN STREET
GAINESVILLE, FL 32609

DO NOT WRITE IN THIS SPACE

00027115

01112005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3630983

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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____________________________________

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	~~KULICH, M.G.~~ E. H. ANGLEBRANDT
STREET ADDRESS	16800 EXECUTIVE PLAZA DRIVE
CITY ST-ZIP	DEARBORN, MI 48126
TITLE	D
NAME	DORSEY, T.D.
STREET ADDRESS	1455 LINCOLN PKWY. SUITE 450
CITY ST-ZIP	ATLANTA, GA 30346
TITLE	P
NAME	ALVAREZ, JOSEPH
STREET ADDRESS	3333 NO MAIN ST
CITY ST-ZIP	GAINESVILLE, FL 32609
TITLE	S
NAME	COLE, SANDRA L
STREET ADDRESS	10081 SW 74 TERR
CITY ST-ZIP	OCALA, FL 34476
TITLE	D
NAME	~~MCBRIDE, E.R.~~ P.L. DURBIN
STREET ADDRESS	1455 LINCOLN PKWY. SUITE 450
CITY ST-ZIP	ATLANTA, GA 30346
TITLE	
NAME	
STREET ADDRESS	
CITY ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: [signature] JOSEPH ALVAREZ 3/14/05 352-376-5371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR