


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000004422 1. Entity Name MILTON CHEVROLET, INC.	
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01182005 No Chg-P CR2E034 (10/03)

Principal Place of Business 5925 HIGHWAY 90 W. MILTON, FL 32583	Mailing Address 5925 HIGHWAY 90 W. MILTON, FL 32583
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DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2639195	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

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 NAME STREET ADDRESS CITY-ST-ZIP	D MURDOCK, STEVE E 5730 GLENRIDGE DR. ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OAKLEY, MELINDA S 5730 GLENRIDGE DR ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOBH, M. LOU 2473 PLEASANT HILL ROAD DULUTH, GA 30088
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOCKLEAR, G.STEPHEN 5925 HWY 90 WEST MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STEVENS, KATHY 5925 HWY 90 WEST MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/24/05-80016-004 150.00

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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)(f), 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: Kathy Stevens Kathy Stevens 1-18-05 850-626-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #