

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F0100004422

1. Entity Name  
MILTON CHEVROLET, INC.



Principal Place of Business  
5925 HIGHWAY 90 W.  
MILTON, FL 32583

Mailing Address  
5925 HIGHWAY 90 W.  
MILTON, FL 32583

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country

03082006 Chg-P CR2E034 (11/05)

4. FEI Number 58-2639195	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

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 restating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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 MURDOCK, STEVE E  
STREET ADDRESS 5730 GLENRIDGE DR.  
CITY-ST-ZIP ATLANTA, GA 30328

Delete

TITLE D  
NAME OAKLEY, MELINDA S  
STREET ADDRESS 5730 GLENRIDGE DR.  
CITY-ST-ZIP ATLANTA, GA 30328

Delete

TITLE PD  
NAME SOBH, M. LOU  
STREET ADDRESS 2473 PLEASANT HILL ROAD  
CITY-ST-ZIP DULUTH, GA 30096

Delete

TITLE VP  
NAME LOCKLEAR, G.STEPHEN  
STREET ADDRESS 5925 HWY 90 WEST  
CITY-ST-ZIP MILTON, FL 32583

Delete

TITLE ST  
NAME STEVENS, KATHY  
STREET ADDRESS 5925 HWY 90 WEST  
CITY-ST-ZIP MILTON, FL 32583

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE D  
NAME Murdock, Steve E.  
STREET ADDRESS 11700 Great Oaks Way 4th Floor  
CITY-ST-ZIP Alpharetta, GA 30022

Change  Addition

TITLE D  
NAME Moore, Jeffery  
STREET ADDRESS 11700 Great Oaks Way 4th Floor  
CITY-ST-ZIP Alpharetta, GA 30022

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-8-06 850-626-8000*

Date

Daytime Phone #

**FILED  
Mar 21, 2006 8:00 am  
Secretary of State**

03-21-2006 90034 049 \*\*\*150.00