


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F01175 1. Entity Name FORT MYERS LINCOLN MERCURY, INC.	
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Principal Place of Business 14200 S. TAMiami TRAIL FORT MYERS, FL 33912	Mailing Address 14200 S. TAMiami TRAIL FORT MYERS, FL 33912
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DO NOT WRITE IN THIS SPACE

02172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2039496	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

SCANLON, JOHN
14200 S. TAMiami TRAIL
FT MYERS, FL 33912

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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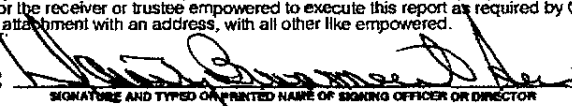
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCANLON JOHN E 4841 CONOVER CT. FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SCANLON JOAN 4841 CONOVER CT. FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRUMMERT, DOROTHY 7540 BRIARCLIFF RD FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MORGAN, VONNIE 502 EAST PARK AVE. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCANLON, JOHN 786 CAPE VIEW DR FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLEMEATE, PHILIP J 16725 PANTHER PAW COURT FORT MYERS, FL 33908

U00000241152
02/24/05-80034-002 150.00

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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:  **2-21-05 229-438-2277**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #