

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # F01175

1. Entity Name
FORT MYERS LINCOLN MERCURY, INC.



Principal Place of Business

14200 S. TAMiami TRAIL
FORT MYERS, FL 33912

Mailing Address

14200 S. TAMiami TRAIL
FORT MYERS, FL 33912

DO NOT WRITE IN THIS SPACE



03022007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2039496

Applied For
Not Applicable

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

6. 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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCANLON JOHN E
STREET ADDRESS	4841 CONOVER CT.
CITY-ST-ZIP	FT. MYERS, FL
TITLE	VPT
NAME	SCANLON JOAN
STREET ADDRESS	4841 CONOVER CT.
CITY-ST-ZIP	FT. MYERS, FL
TITLE	S
NAME	BRUMMERT, DOROTHY
STREET ADDRESS	7540 BRIARCLIFF RD
CITY-ST-ZIP	FT. MYERS, FL
TITLE	AS
NAME	MORGAN, VONNIE
STREET ADDRESS	502 EAST PARK AVE.
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	V
NAME	SCANLON, JOHN
STREET ADDRESS	766 CAPE VIEW DR
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	V
NAME	CLEMENTE, PHILIP J
STREET ADDRESS	16725 PANTHER PAW COURT
CITY-ST-ZIP	FORT MYERS, FL 33908

U00000657587
03/15/07-80003-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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 the attachment with an address, with all other like empowered.

SIGNATURE: _____

Dorothy Brummet

Date

Daytime Phone #