2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004675

Entity Name: PRESTIGE SATURN OF JACKSONVILLE, INC.

FILED Jan 11, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	LIPS HIGHW. VILLE, FL 322					
Current Mailing Address:			New Mailii	New Mailing Address:		
	LIPS HIGHW. VILLE, FL 322					
FEI Number:	16-1678030	FEI Number Applied For ()	FEI Number Not Appli	icable () Certificate of Status Desired ()		
Name and	Address of C	Surrent Registered Agent:	Name and	Address of New Registered Agent:		
1201 HAYS	ATION SERVIC S STREET SSEE, FL 3230					
The above in the State		submits this statement for the pu	rpose of changing it	ts registered office or registered agent, or both,		
SIGNATUF	RE:					
	Electror	ic Signature of Registered Ager	nt	Date		
Election Can	npaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PCD () JACKSON, GRI 10863 PHILLIP JACKSONVILLI	S HIGHWAY	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VD () POUNDS, WILL 10863 PHILLIP JACKSONVILLI	S HIGHWAY	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	ST () KIDDER, CYRII 10863 PHILLIP JACKSONVILLI	S HIGHWAY	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	OAKEY, MELÌŃ 5730 GLENRID ATLANTA, GA	GE DRIVE 30328	Title: Name: Address: City-St-Zip:	D (X) Change () Addition JONES, STEVEN D 11700 GREAT OAKS WAY ALPHARETTA,, GA 30022		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition LEE, BRIAN S 11700 GREAT OAKS WAY ALPHARETTA, GA 30022		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition SCHUSTER, VALERIE A 100 RENAISSANCE CTR. DETROIT, MI 48265		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYRIL W. KIDDER O 01/11/2006