

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000005717

1. Entity Name
FALLS PONTIAC-GMC, INC.



Principal Place of Business
13401 S. DIXIE HIGHWAY
MIAMI, FL 33156-6512

Mailing Address
13401 S. DIXIE HIGHWAY
MIAMI, FL 33156-6512



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3706327

Applied For
Not Applicable

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

**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, 2004 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
PD
JONES, S D
5730 GLENRIDGE DRIVE, SUITE 404, 4TH FLOOR
ATLANTA, GA 30328

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
DAVIS, LORI D
13401 S. DIXIE HIGHWAY
MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MURDOCK, SE E
5730 GLENRIDGE DRIVE, SUITE 404, 4TH FLOOR
ATLANTA, GA 30328

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SCHUSTER, V A
100 RENAISSANCE CENTER, MC:482-A05-B95
DETROIT, MI 48265

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000138475
04/29/04-80082-012 150.00

**DO NOT WRITE
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)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04
Date

305-238-4040
Daytime Phone #