

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F03000005717

1. Entity Name
FALLS PONTIAC-GMC, INC.



FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

04 AUG 27 PM 1:59

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08262004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

11-3706327

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New 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 reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

300040586909

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME JONES, S D
STREET ADDRESS 5730 GLENRIDGE DRIVE, SUITE 404, 4TH FLOOR
CITY-ST-ZIP ATLANTA, GA 30328

TITLE PD
NAME PEREZ, LOMBERTO L
STREET ADDRESS 13401 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP MIAMI, FL 33156

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

TITLE ST
NAME WALKER, ESTHER L
STREET ADDRESS 19951 SW 79 AVE
CITY-ST-ZIP MIAMI, FL 33189

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

TITLE D
NAME JONES, STEVEN D
STREET ADDRESS 11700 GRATE OAKS WAY
CITY-ST-ZIP ALPHARETTA, GA 30022

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

TITLE D
NAME MURDOCK, STEVEN E
STREET ADDRESS 11700 GRATE OAKS WAY
CITY-ST-ZIP ALPHARETTA, GA. 30022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Esther L. Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/04
Date

305-238-4040
Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 865645 4325493

AUTHORIZATION :

COST LIMIT : \$ 61.25

ORDER DATE : August 27, 2004

ORDER TIME : 11:53 AM

ORDER NO. : 865645-005

CUSTOMER NO: 4325493

CUSTOMER: Ms. Marilyn Glasson
Motors Holding Division
100 Renaissance Center
482-a05-b45
Detroit, MI 48265-1000

ANNUAL REPORT FILING

NAME: FALLS PONTIAC-GMC, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext. 2940

EXAMINER'S INITIALS: _____

RECEIVED
04 AUG 27 PM 1:04
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA