


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000001393 1. Entity Name VERO BEACH CHEVROLET, INC.	
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Principal Place of Business 1000 US HIGHWAY 1 VERO BEACH, FL 32960	Mailing Address 1000 US HIGHWAY 1 VERO BEACH, FL 32960
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01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1086439	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
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**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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	DP DIEFFENBACH, HENRY J 1001 US HIGHWAY 1 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FISCHER, RICHARD A JR 1001 US HIGHWAY 1 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, STEVEN D 1518 SHADOWMOSS CIRCLE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUSTER, VALERIE A 100 RENAISSANCE CENTER DETROIT, MI 48265
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOCK, TRACEY 1000 US HIGHWAY 1 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000282576
03/31/05-80048-019 158.75

**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)(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: Tracy M. Bock **TRACY M. BOCK** 3/29/05 772-5678371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #