


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # F87362 1. Entity Name ED HOWARD LINCOLN-MERCURY, INC.	
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04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2189415	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOWARD, JAMES E
7110 S TAMiami TR
SARASOTA, FL 33581

**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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

U00000344408
04/29/05-80134-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOWARD, JAMES E 7110 S TAMiami TR SARASOTA, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOWARD, EDDYE 7110 S TAMiami TR SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOWARD, JOYCE O 7110 S TAMiami TR SARASOTA, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOWARD, JEFFERY J 7110 S TAMiami TR SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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

JAMES E HOWARD

4/25/05 941-921-4402

Date Daytime Phone #