

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000000976

1. Entity Name
DAYTONA BEACH LINCOLN MERCURY, INC.



Principal Place of Business
966 INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH, FL 32114

Mailing Address
966 INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH, FL 32114



02092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3557292

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 reinstalling)

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

11111111229182
02/14/05-80166-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATTHEWS, IRVING J 966 INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KILBRIDE, B L MAIL DROP 1SW-C, 16800 EXECUTIVE PLAZA DR DEARBORN, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD CREAMEAN, W W MAIL DROP 1SW-C, 16800 EXECUTIVE PLAZA DR DEARBORN, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MATTHEWS, DARLENE 966 INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DORSEY, TOM 1455 LINCOLN PARKWAY ATLANTA, GA 30346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCBRDE, EDNA 1455 LINCOLN PARKWAY ATLANTA, GA 30346

**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

2/9/05

Date

386 255-6412

Daytime Phone #