


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2007 08:00 AM
Secretary of State

DOCUMENT # F99000000976 1. Entity Name DAYTONA BEACH LINCOLN MERCURY, INC.	
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Principal Place of Business 966 INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32114	Mailing Address 966 INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32114
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DO NOT WRITE IN THIS SPACE



02132007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3557292	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 _____
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 MCBRDE, EDNA 1455 LINCOLN PARKWAY ATLANTA, GA 30346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/08/07-80009-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: DARLENE A MATTHEWS 2/13/07 386-255-6412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #