


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000002867 1. Entity Name WINTER HAVEN FORD, INC.	
---	---

Principal Place of Business 3015 LAKE ALFRED ROAD WINTER HAVEN, FL 33881	Mailing Address 3015 LAKE ALFRED ROAD WINTER HAVEN, FL 33881
--	--

DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3582422	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

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV KILBRIDE, B L MAIL DROP 1SW-C/16800 EXECUTIVE PLAZA DR DEARBORN, MI 48126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CREAMEAN, W. A MAIL DROP 1SW-C/16800 EXECUTIVE PLAZA DR DEARBORN, MI 48126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATTINGLY, R. C MAIL DROP 1SW-C/16800 EXECUTIVE PLAZA DR DEARBORN, MI 48126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARRIS, ROBERT L JR 3015 LK ALFRED RD WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000019881
01/29/04-80042-022-150.00

**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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____