

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H08452**

1. Entity Name  
**SUNCOAST CHRYSLER JEEP, INC.**



Principal Place of Business  
**8755 PARK BLVD.  
 501 EAST KENNEDY BLVD., SUITE 1700  
 SEMINOLE, FL 33777**

Mailing Address  
**8755 PARK BLVD.  
 501 EAST KENNEDY BLVD., SUITE 1700  
 SEMINOLE, FL 33777**



03132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-1565382** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BOGGS, E. JACKSON, ESQ.  
 501 EAST KENNEDY BLVD.  
 SUITE 1700  
 TAMPA, FL 33602**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
 NAME SCHMIDT, WAYNE F., SR.  
 STREET ADDRESS 8755 PARK BOULEVARD  
 CITY-ST-ZIP SEMINOLE, FL 33777

TITLE VPD  
 NAME SCHMIDT, WAYNE F., JR.  
 STREET ADDRESS 8755 PARK BOULEVARD  
 CITY-ST-ZIP SEMINOLE, FL 33777

TITLE STD  
 NAME SCHMIDT, PHILIP A.  
 STREET ADDRESS 8755 PARK BOULEVARD  
 CITY-ST-ZIP SEMINOLE, FL 33777

TITLE D  
 NAME SCHMIDT, ELIZABETH  
 STREET ADDRESS 8755 PARK BLVD.  
 CITY-ST-ZIP SEMINOLE, FL 33777

TITLE D  
 NAME SCHMIDT, JOYCE C  
 STREET ADDRESS 8755 PARK BLVD.  
 CITY-ST-ZIP SEMINOLE, FL 33777

TITLE D  
 NAME SCHMIDT, THOMAS  
 STREET ADDRESS 8755 PARK BLVD.  
 CITY-ST-ZIP SEMINOLE, FL 33777

000000469897  
 03/27/06-80025-012 150.00

**DO NOT WRITE  
 IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Philip A. Schmidt*

3/13/06

727-393-4621

Date

Daytime Phone if