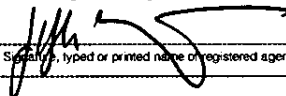
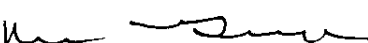


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90004 004 ***150.00

DOCUMENT # H24815 1. Entity Name SUNSET DODGE, INC.					
Principal Place of Business % ROBERT W. GEYER 7745 S TAMiami TR SARASOTA, FL 34231 US			Mailing Address % ROBERT W. GEYER 1800 BAY ROAD SARASOTA, FL 34239		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2460875	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
\$8.75 Additional Fee Required				5. Certificate of Status Desired ☐	
6. Name and Address of Current Registered Agent LARSEN, GARY H. 1750 RINGLING BLVD. SARASOTA, FL 34230				7. Name and Address of New Registered Agent Name J. Hugh Middlebrooks Street Address (P.O. Box Number is Not Acceptable) 200 S. Orange Ave. City Sarasota FL Zip Code 34236	
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 		J. Hugh Middlebrooks		2/24/2004	
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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBORNE, DONALD E 7745 S TAMiami TR SARASOTA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEYER, ROBERT W. 1800 BAY RD SARASOTA, FL 34239		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			Robert W. Geyer, Pres.		2/24/04
Signature and Typed or Printed Name of Signing Officer or Director			Date		Daytime Phone #
941-366-7800					

54014347



02102004 Chg-P CR2E034 (10/03)