

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H33937

FILED
Apr 18, 2005
Secretary of State

Entity Name: DELAND DODGE, INC.

Current Principal Place of Business:

2322 SOUTH WOODLAND BOULEVARD
P O BOX 1900
DELAND, FL 327211900 US

New Principal Place of Business:

2322 SOUTH WOODLAND BOULEVARD
DELAND, FL 32720 US

Current Mailing Address:

2322 SOUTH WOODLAND BOULEVARD
P O BOX 1900
DELAND, FL 327211900 US

New Mailing Address:

2322 SOUTH WOODLAND BOULEVARD
DELAND, FL 32720 US

FEI Number: 59-2470492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOBBY L WATTS
2322 S WOODLAND BLVD
DELAND, FL 32720 US

Name and Address of New Registered Agent:

BOBBY L WATTS
1730 SW COLLEGE ROAD
OCALA, FL 34474 US

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.

SIGNATURE: BOBBY L WATTS

04/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SULLIVAN, ARTHUR
Address: 1000 INDIAN ROAD
City-St-Zip: PALM BCH, FL 33480

Title: STD () Delete
Name: BOSTIC, WANDA
Address: 12671 NW HWY 19
City-St-Zip: CHIEFLAND, FL 32626

Title: VD () Delete
Name: WATTS, BOBBY L
Address: 10150 SW 69TH CT
City-St-Zip: OCALA, FL 34476

Title: D () Delete
Name: SULLIVAN, BARBARA
Address: 1469 N LAKE WAY
City-St-Zip: PALM BEACH, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBY L WATTS

VP

04/18/2005

Electronic Signature of Signing Officer or Director

Date