

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90293 016 ***150.00

DOCUMENT # H33937

1. Entity Name

DELAND DODGE, INC.



Principal Place of Business

2322 SOUTH WOODLAND BOULEVARD
DELAND FL 32720
US

Mailing Address

~~2322 SOUTH WOODLAND BOULEVARD~~
~~DELAND FL 32720~~
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1749 SW COLLEGE RD

Suite, Apt. #, etc.

City & State

OCALA FL

Zip

34474

Country

MARION

6. Name and Address of Current Registered Agent

BOBBY L WATTS
1730 SW COLLEGE ROAD
OCALA FL 34474

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete

NAME SULLIVAN, ARTHUR
STREET ADDRESS 1000 INDIAN ROAD
CITY-ST-ZIP PALM BCH FL 33480

TITLE STD ☐ Delete

NAME BOSTIC, WANDA
STREET ADDRESS 12671 NW HWY 19
CITY-ST-ZIP CHIEFLAND FL 32626

TITLE VD ☐ Delete

NAME WATTS, BOBBY L
STREET ADDRESS 10150 SW 69TH CT
CITY-ST-ZIP Ocala FL 34476

TITLE D ☐ Delete

NAME SULLIVAN, BARBARA
STREET ADDRESS 1469 N LAKE WAY
CITY-ST-ZIP PALM BEACH FL 34480

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another person empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06

Date

352-867-0089

Daytime Phone #