

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90004 002 ***150.00

DOCUMENT # J40256

1. Entity Name
STEVE SORENSEN CHRYSLER, DODGE, JEEP, INC.



Principal Place of Business

**21529 HWY 27
LAKE WALES, FL 33859**

Mailing Address

**P.O. BOX 3906
LAKE WALES, FL 33859**

DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2736912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BASSO, KATHY
21500 HWY 27
LAKE WALES, FL 33859**

**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, 2004 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	SOESEN, STEPHEN D.
STREET ADDRESS	21500 HWY 27
CITY-ST-ZIP	LAKE WALES, FL 33859
TITLE	VTD
NAME	SCHADE, STEVE
STREET ADDRESS	21529 HWY 27
CITY-ST-ZIP	LAKE WALES, FL
TITLE	SD
NAME	MADER, MARK
STREET ADDRESS	21529 HWY 27
CITY-ST-ZIP	LAKE WALES, FL
TITLE	D
NAME	NELSON, DEAN
STREET ADDRESS	21529 HWY 27
CITY-ST-ZIP	LAKE WALES, FL
TITLE	D
NAME	SOESEN, PAUL
STREET ADDRESS	21529 HWY 27
CITY-ST-ZIP	LAKE WALES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

863-676-7671

Daytime Phone #