

**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.	
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Principal Place of Business 21529 HWY 27 LAKE WALES, FL 33859	Mailing Address P.O. BOX 3906 LAKE WALES, FL 33859
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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 <input type="checkbox"/>	\$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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD SORENSEN, STEPHEN D. 21500 HWY 27 LAKE WALES, FL 33859
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SCHADE, STEVE 21529 HWY 27 LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MADER, MARK 21529 HWY 27 LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, DEAN 21529 HWY 27 LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORENSEN, PAUL 21529 HWY 27 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: *Kathy Basso* **863-676-7671**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #