

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J40256

FILED
Mar 17, 2006
Secretary of State

Entity Name: SORENSEN SCHADE CHRYSLER, DODGE, JEEP, INC.

Current Principal Place of Business:

21529 HWY 27
LAKE WALES, FL 33859

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3906
LAKE WALES, FL 33859

New Mailing Address:

FEI Number: 59-2736912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SORENSEN, STEPHEN D.,
Address: 21500 HWY 27
City-St-Zip: LAKE WALES, FL 33859

Title: VTD () Delete
Name: SCHADE, STEVE
Address: 21529 HWY 27
City-St-Zip: LAKE WALES, FL

Title: SD () Delete
Name: MADER, MARK
Address: 21529 HWY 27
City-St-Zip: LAKE WALES, FL

Title: D () Delete
Name: NELSON, DEAN
Address: 21529 HWY 27
City-St-Zip: LAKE WALES, FL

Title: D () Delete
Name: SORENSEN, PAUL
Address: 21529 HWY 27
City-St-Zip: LAKE WALES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VTD (X) Change () Addition
Name: SCHADE, STEPHEN R
Address: 21529 HWY 27
City-St-Zip: LAKE WALES, FL

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 Chapter 119, 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: STEPHEN R SCHADE

VTD

03/17/2006

Electronic Signature of Signing Officer or Director

_____ Date