

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J40256

FILED  
Feb 20, 2008  
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 US

Title: VD ( ) Delete  
Name: SCHADE, STEPHEN R  
Address: 21529 HWY 27  
City-St-Zip: LAKE WALES, FL 33859 US

Title: SD ( ) Delete  
Name: MADER, MARK  
Address: 21529 HWY 27  
City-St-Zip: LAKE WALES, FL 33859 US

Title: D ( ) Delete  
Name: NELSON, DEAN  
Address: 21529 HWY 27  
City-St-Zip: LAKE WALES, FL 33859 US

Title: D ( ) Delete  
Name: SORENSEN, PAUL  
Address: 21529 HWY 27  
City-St-Zip: LAKE WALES, FL 33859 US

Title: TD ( ) Delete  
Name: BEHRENS, GREGG  
Address: 21529 HWY 27  
City-St-Zip: LAKE WALES, FL 33859 US

**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:

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 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

VD

02/20/2008

Electronic Signature of Signing Officer or Director

Date