2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 08:00 AM
Secretary of State

DOCUMENT # K06685

1. Entity Name
NORTHSIDE DODGE, INC.

Principal Place of Business	Mailing Address
7233 BLANDING BLVD. JACKSONVILLE, FL 32244	7233 BLANDING BLVD. JACKSONVILLE, FL 32244

03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2859702
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ELIOT J. SAFER
10110 SAN JOSE BLVD
JACKSONVILLE, FL 32207

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DARVISH, JOHN R.
STREET ADDRESS	9020 LANHAM SEVERN RD.
CITY-ST-ZIP	LANHAM, MD
TITLE	P
NAME	ROCK, HOWARD L.
STREET ADDRESS	7233 BLANDING BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	VP
NAME	SHORE, WILLIAM T.
STREET ADDRESS	1672 CASSAT AVE.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	ST
NAME	HOWARD, PATRICIA
STREET ADDRESS	1672 CASSAT AVE.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/04/07-80022-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 3-27-07 904-777-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #