

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90032 041 ***150.00



DOCUMENT # K32314
 1. Entity Name
FLAMMER FORD OF SPRING HILL, INC.

Principal Place of Business 3335 COMMERCIAL WAY SPRING HILL, FL 34607	Mailing Address 3335 COMMERCIAL WAY SPRING HILL, FL 34607
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01312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2910788	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

LANE, WILLIAM R JR
 501 E. KENNEDY BLVD
 SUITE 1400
 TAMPA, FL 33602

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	DP FLAMMER, KARL F. 41975 US HIGHWAY 19 NORTH TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FLAMMER, NANCY J. 41975 US HIGHWAY 19 NORTH TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FLAMMER, MARK R. 3335 COMMERCIAL WAY SPRING HILL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 another like empowered.

SIGNATURE: *Mark R. Flammer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-04
 Date

952-686-8755
 Daytime Phone #