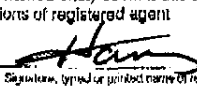
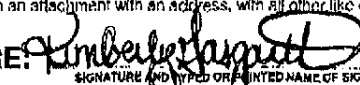


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # L43518 1. Entity Name DON GARGARTH FORD, INC.			
Principal Place of Business 3156 TAMiami TRAIL PORT CHARLOTTE, FL 33952 8030		Mailing Address PO BOX 496386 PT. CHARLOTTE, FL 33949 US	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent ROLLINGS, HARVEY 1633 SE 47TH TERR CAPE CORAL, FL 33904		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:   DATE: 3/2/05 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		1100000274124 03/23/05-80057-015 158.75	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD GASGARTH, DONALD J. 3156 TAMiami TRAIL PORT CHARLOTTE, FL	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VST GASGARTH, KIMBERLY 3156 TAMiami TRAIL PORT CHARLOTTE, FL 339528030		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 807, 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:   DATE: 3/11/05 (941) 225-6141 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			