2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# L56471

Entity Name: ATLANTIC DODGE CHRYSLER JEEP, INC.

Current Principal Place of Business:

2340 US 1 SOUTH
ST. AUGUSTINE, FL 32086 US

New Principal Place of Business:

2330 US 1 SOUTH
ST. AUGUSTINE, FL 32086 US

Current Mailing Address:

P.O. BOX 1659
ST. AUGUSTINE, FL 32085 US

New Mailing Address:

FEI Number: 59-2998311 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOWE, PHILIP W
2330 U.S. 1 SOUTH
ST. AUGUSTINE, FL 32086 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: LOWE, PHILIP W.,
Address: 29 COLLINGWOOD LANE
City-St-Zip: PALM COAST, FL 32137

Title: STD ( ) Delete
Name: GUTHRIE, PATRICIA A
Address: ONE JOHN ANDERSON DRIVE #719
City-St-Zip: ORMOND BEACH, FL 321765791

Title: AS ( ) Delete
Name: BOWERS, JOAN F
Address: 10 BIRCHWOOD DR
City-St-Zip: PALM COAST, FL 32137

Title: VP ( ) Delete
Name: LOWE, MICHAEL W
Address: 880 CHERRY TREE ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: DI ( ) Delete
Name: SCHUBERT, DAVID L
Address: 13837 IBIS PT BLVD
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: AS (X) Change ( ) Addition
Name: PAINE, KAREN
Address: 6 SURF DR
City-St-Zip: PALM COAST, FL 32137

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: MICHAEL W LOWE VP 01/13/2009

Electronic Signature of Signing Officer or Director Date