

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # M14570

1. Entity Name
FLAGLER CHRYSLER DODGE JEEP, INC.



Principal Place of Business
**PO BOX 352048
PALM COAST, FL 32135 US**

Mailing Address
**P.O. BOX 352048
PALM COAST, FL 32135 US**



01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2527812

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHIUMENTO, MICHAEL D., ESQ.
4 OLD KINGS ROAD, N.
326 MOODY BLVD., BOX 99
PALM COAST, FL 32037**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILLER, GARY
STREET ADDRESS	2120 S SHORE DR
CITY-ST-ZIP	ERIE, PA 16505
TITLE	S
NAME	GARY, MILLER
STREET ADDRESS	2120 S. SHORE DR.
CITY-ST-ZIP	ERIE, PA 16505
TITLE	ST
NAME	GARY, MILLER
STREET ADDRESS	2120 S. SHORE DR.
CITY-ST-ZIP	ERIE, PA 16505
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/27/06-80017-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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: **x Gary Miller**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/06 386-737-4141
Date Daytime Phone #