

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90018 006 \*\*\*\*61.25



**DOCUMENT # N50864**

1. Entity Name  
 SOUTHERN GOLD STAR DODGE DEALERS  
 ADVERTISING ASSOCIATION, INC.

Principal Place of Business 4 BRADLEY PARK CT STE 120 COLUMBUS, GA 31904 US	Mailing Address 4 BRADLEY PARK CT STE 120 COLUMBUS, GA 31904 US
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03022006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3149687	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

SMITH, CHRIS  
 3000 N. MAIN ST  
 GAINESVILLE, FL 32609

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

Filing Fee is \$61.25  
 Due by May 1, 2006

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	TD SMITH, CHRIS 3000 N MAIN ST GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHALAK, MICHAEL 299 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCK, HOWARD 7233 BLANDING BLVD JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MYERS, TOM 6381 AIRPORT PULLING RD NORTH NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, MIKE 4101 W COLONIAL DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, BOB JR 11945 N FLORIDA AVE TAMPA, FL

**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 617, 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:** Chris Smith Treasurer Date 3/8/06 Daytime Phone # 352 372-1343  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40034921

~~#N50864~~

ADDITIONAL DIRECTOR:

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CHUCK URBAN  
3987 W. TENNESSEE STREET  
TALLAHASSEE, FL 32304