## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0000008263

1. Entity Name

FILED
Jan 25, 2005 08:00 AM
Secretary of State

Principal Place of Business

DOUBLE R AUTO SALES, INC.

Mailing Address

120 N. LASALLE STREET

120 N. LASALLE STREET

SUITE 3300 CHICAGO, IL 60602 US

SIGNATURE:

SUITE 3300 CHICAGO, IL 60602 US



## DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3620701

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

|  |   |  |             |  |                                    | 5 TAX 145  |
|--|---|--|-------------|--|------------------------------------|------------|
| 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   |   |  |             | part signature required when reinstating) DATE |                                    |            |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00  |   | Election Campaign Finan     Trust Fund Contribution. | cing $\Box$ | \$5.00 May Be<br>Added to Fees                 | U00000196094<br>01/26/05-80052-018 | 150.00     |
| 10.  | OFFICERS AND DIREC  | TORS   |             |  | <u> </u>                           |            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | P<br>DAMRON, LEONARD A<br>4950 WEST HIGHWAY 486<br>CRYSTAL RIVER, FL 34429      |  |             |  |                                    | - —— -<br> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CHY-ST-ZIP  | VTS<br>TATOUL, STEPHEN<br>4950 WEST HIGHWAY 486<br>CRYSTAL RIVER, FL 34429      |  |             |  |                                    |            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | D<br>HOLSTEN, JOSEPH M<br>120 N. LASALLE STREET, SUITE 330<br>CHICAGO, IL 60602 | 0  |             | DO   | NOT WRITE                          |            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>SPEARS, MARK T<br>120 N. LASALLE STREET, SUITE 330<br>CHICAGO, IL 60602    | 0  |             | IN '   | THIS SPACE                         |            |
| THLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |             |  |                                    |            |
| THLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |             |  |                                    |            |
| 12. I hereby certify that the information supplied with this filling 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 all other like empowered. |   |  |             |  |                                    |            |