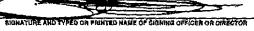
2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2005 08:00 AN Secretary of State **DOCUMENT # P00000062280** 1. Entity Name SUBÁRU OF JACKSONVILLE, INC. Principal Place of Business Mailing Address 10800 ATLANTIC BLVD TOBOO ATLANTIC BLVD JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225 01172005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1023748 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PORTER, R. PHIL DO NOT WRITE 10800 ATLANTIC BLVD JACKSONVILLE, FL 32225 IN THIS SPACE 6. 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 against and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550,00 Added to Fees 10. THLE PORTER, R. PHIL NANE STREET ADDRESS 10800 ATLANTIC BLVD CITY-ST-ZIP JACKSONVILLE, FL 32225 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MALKE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITE F

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: 5

NAME STREET ADDRESS CITY-ST-ZIP



FILED