## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000022865

Entity Name: CHIEFLAND CHRYSLER-DODGE-JEEP, INC.

FILED Mar 13, 2009 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
12671 NW HWY 19 CHIEFLAND, FL 32626				2771 N YOUNG BLVD CHIEFLAND, FL 32626	
Current Mailing Address:			New Maili	New Mailing Address:	
12671 NW HWY 19 CHIEFLAND, FL 32626				2771 N YOUNG BLVD CHIEFLAND, FL 32626	
FEI Number: 75-3060294 FEI Number Applied For ( ) FEI Number		El Number Not Appl	mber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:	
JOHNS, TIMOTHY 12671 NW HWY 19 CHIEFLAND, FL 32626 US		2771 N YO	JOHNS, TIMOTHY 2771 N YOUNG BLVD CHIEFLAND, FL 32626 US		
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: TIMOTHY JOHNS 03/13/2009					
Electronic Signature of Registered Agent				Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () C SULLIVAN, ARTH 3000 NORTH MAI GAINESVILLE, FI	IN STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPSD () D BOSTIC, WANDA 3000 NORTH MAI GAINESVILLE, FI	IN STREET	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition BOSTIC, WANDA 3000 NORTH MAIN STREET GAINESVILLE, FL 32609	
Title: Name: Address: City-St-Zip:	VD () E SMITH, CHRISTO 3000 NORTH MA GAINESVILLE, FI	N STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D NOONAN, MOLLY 1469 N LAKE WA PALM BEACH, FL	Y Y	Title: Name: Address: City-St-Zip:	T (X) Change () Addition CHARLES, CROWN 18311 HWY 441 MT DORA, FL 32757	
Title: Name: Address: City-St-Zip:	()[	Delete	Title: Name: Address: City-St-Zip:	S () Change (X) Addition CINDY, PARRISH 4000 SW COLLEGE RD OCALA, FL 34474	
Title: Name: Address: City-St-Zip:	( ) [	)elete	Title: Name: Address: City-St-Zip:	VD ( ) Change (X) Addition JEFF, KENNEDY 4000 SW COLLEGE RD OCALA, FL 34474	

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: CINDY PARRISH S 03/13/2009