


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90055 042 \*\*\*150.00

**DOCUMENT # P01000074379**

1. Entity Name  
**BILL SEIDLE SUZUKI OF DAVIE, INC.**




Principal Place of Business      Mailing Address

5355 SOUTH UNIVERSITY DRIVE      2900 NW 36 STREET  
 DAVIE, FL 33328      MIAMI, FL 33142

**DO NOT WRITE IN THIS SPACE**

4000



01052006    No Chg-P    CR2E034 (11/05)

4. FEI Number 65-1129389	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

~~FALLON, KIERNAN P~~    **Michael A Seidle**  
~~436 SW 8 STREET~~      **2900 NW 36th St.**  
~~MIAMI, FL 33190~~      **Miami, FL 33142**

**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 \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	P SEIDLE, WILLIAM D PRES. 2900 NW 36 STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEIDLE, MICHAEL A V.P. 2900 NW 36 STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT SEIDLE, BETTY SECT. 2900 NW 36TH STREET MIAMI, FL 33142
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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:** Michael A Seidle      1-10-06      305-637-8068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #