

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000023031

FILED
Mar 08, 2005
Secretary of State

Entity Name: CLERMONT DODGE, INC.

Current Principal Place of Business:

5455 SOUTH UNIVERSITY DR.
DAVIE, FL 33328

New Principal Place of Business:

15855 STATE RD 50
CLERMONT, FL 34711

Current Mailing Address:

5455 SOUTH UNIVERSITY DR.
DAVIE, FL 33328

New Mailing Address:

15855 STATE RD 50
CLERMONT, FL 34711

FEI Number: 90-0067286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREGORY, DANIEL D
5455 SOUTH UNIVERSITY DR.
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GREGORY, DANIEL D
Address: 5455 SOUTH UNIVERSITY DR.
City-St-Zip: DAVIE, FL 33328

Title: STD () Delete
Name: AICHER, KEVIN R
Address: 5455 SOUTH UNIVERSITY DR.
City-St-Zip: DAVIE, FL 33328

Title: VP () Delete
Name: AICHER, TERESA
Address: 5455 S UNIVERSITY DR
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: AICHER, KEVIN R
Address: 15855 STATE RD 50
City-St-Zip: CLERMONT, FL 34711

Title: VP (X) Change () Addition
Name: AICHER, TERESA
Address: 15855 STATE RD 50
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TERESA AICHER

VP

03/08/2005

Electronic Signature of Signing Officer or Director

Date