

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000050304

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: NIMNIGHT PONTIAC GMC, INC.

**Current Principal Place of Business:**

3919 PHILIPS HWY  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

11503 PHILIPS HWY  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

3919 PHILIPS HWY  
JACKSONVILLE, FL 32207

**New Mailing Address:**

11503 PHILIPS HWY  
JACKSONVILLE, FL 32256

FEI Number: 04-3691513

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCMENAMY, WILLIAM B  
50 NORTH LAURA STREET  
SUITE 2925  
JACKSONVILLE, FL 32202 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: D ( ) Delete  
Name: ELIZABETH ANNE P. NI, MNICHT  
Address: 1550 CASSAT AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete  
Name: NIMNIGHT, BILLIE N III  
Address: 1550 CASSAT AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete  
Name: NIMNIGHT, LEE A  
Address: 1550 CASSAT AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LEE A NIMNIGHT

D

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date