
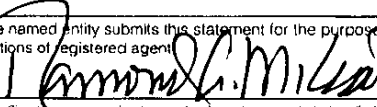
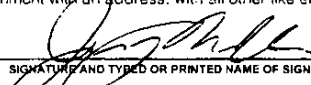


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 MAY 24 AM 6:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000027306					
1. Entity Name MULLINAX FORD-MERCURY, INC.					
Principal Place of Business 1307 NORTH DIXIE HWY. NEW SMYRNA BEACH, FL 32168			Mailing Address 1307 NORTH DIXIE HWY. NEW SMYRNA BEACH, FL 32168		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. # etc.			Suite, Apt. # etc.		
City & State			City & State		
Zip		Country	Zip		Country
04272007			Chg-P		CR2E034 (12/06)
4. FEI Number 26-0061584			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. 420 SOUTH ORANGE AVE. SUITE 1200 ORLANDO, FL 32801-4904			7. Name and Address of New Registered Agent Name RAYMOND A. McLEOD, ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 48 East Main Street City Apopka FL Zip Code 32703		
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 		RAYMOND A. McLeod, Esq		5/17/07	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULLINAX, GERALD L		NAME	200104108412	
STREET ADDRESS	1551 EAST SEMORAN BLVD.		STREET ADDRESS	06/08/07--01013--008 **61.25	
CITY-ST-ZIP	APOPKA, FL 32704		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULLINAX, LAWRENCE E		NAME		
STREET ADDRESS	1551 EAST SEMORAN BLVD.		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32704		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			5-16-07 407 884-7600		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

4/5/07