


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


5/5/2005-90100-007-\$125.00-\$125.00

DOCUMENT # P03000038738 1. Entity Name DEALER LOT MANAGEMENT INC.	
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Principal Place of Business 699 MASON AVE DAYTONA BEACH, FL 32117	Mailing Address 539 N. OLEANDER AVE DAYTONA BEACH, FL 32118
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DO NOT WRITE IN THIS SPACE

FILED
05 JUN 15 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-3109887	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BRETZEL, MICHAEL R
539 N. OLEANDER AVE
DAYTONA BEACH, FL 32118**

**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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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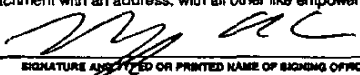
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRETZEL, MICHAEL R 539 N. OLEANDER AVE DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRETZEL, MICHAEL R 539 N. OLEANDER AVE DAYTONA BEACH, FL 32118
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06/22/05--01023--004 **25.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **4/29/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #