2007 FOR PROFIT CORPORATION

Mar 01, 2007 8:00 am Secretary of State **ANNUAL REPORT** 03-01-2007 90005 035 ***150 00 DOCUMENT # P03000114476 1. Entity Name SANDY SANSING CHRYSLER, INC. 40026390 Principal Place of Business Mailing Address 6200 PENSACOLA BLVD 6200 PENSACOLA BLVD PENSACOLA, FL 32505 PENSACOLA, FL 32505 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172007 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 14-1898002 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANSING, ROBERT C Street Address (P.O. Box Number is Not Acceptable) 6200 PENSACOLA BLVD PENSACOLA, FL 32505 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete Change ☐ Addition TITLE SANSING, ROBERT C NAME 6200 PENSACOLA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIF PENSACOLA, FL 32505 CITY-ST-ZIP TITLE TD ☐ Detete ☐ Change ☐ Addition ADDISON, MICHAEL NAME NAME STREET ADDRESS 3436 EDINBURGH DRIVE STREET ADDRESS CITY-ST-ZIP PACE, FL 32571 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PILEGGI, SUSAN NAME NAME STREET ADDRESS 87 S. MADISON DRIVE STREET ADDRESS PENSACOLA, FL 32505 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME Robert G. Doss NAME STREET ADDRESS STREET ADDRESS 12 Cora Slocomb Dr 36527 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

Robert C. Sansing

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G OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

FILED