

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03809

FILED  
Feb 02, 2004  
Secretary of State

Entity Name: ISLAND LINCOLN-MERCURY, INC.

**Current Principal Place of Business:**

1850 E MERRITT ISL CSWY  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

**Current Mailing Address:**

509 EAST NASA BLVD.ARD  
MELBOURNE, FL 329011943 US

**New Mailing Address:**

509 EAST NASA BOULEVARD  
MELBOURNE, FL 329011943 US

FEI Number: 59-2490755

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MARKEY & FOWLER, P.A.  
25 MCLEOD STREET  
MERRITT ISLAND, FL 32953 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: DEARDOFF, R. B  
Address: 509 E NASA BLVD  
City-St-Zip: MELBOURNE, FL 329011943 US

Title: V ( ) Delete  
Name: DEARDOFF, MICHAEL G  
Address: 1850 E MERRITT ISL CSWAY  
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: ST ( ) Delete  
Name: CHENEY, E RENEE  
Address: 509 E. NASA BLVD.  
City-St-Zip: MELBOURNE, FL 329011943 US

Title: P ( ) Delete  
Name: CHAVARA, JOE  
Address: 509 EAST NASA BOULEVARD  
City-St-Zip: MELBOURNE, FL 329011943 US

**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:

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 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: R B DEARDOFF

MR

02/02/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date