

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT



DOCUMENT # P03809

1. Entity Name
ISLAND LINCOLN-MERCURY, INC.

FILED
07 APR 26 AM 11:21
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business 1850 E MERRITT ISL CSWY MERRITT ISLAND, FL 32952	Mailing Address 1850 E MERRITT ISLAND CSWY MERRITT ISLAND, FL 32952-2665 US
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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

04062007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2490755	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

<p>6. Name and Address of Current Registered Agent</p> <p>SCHILLINGER & COLEMAN, PA 1311 BEDFORD DRIVE MELBOURNE, FL 32940</p>	<p>7. Name and Address of New Registered Agent</p> <p>Name _____</p> <p>Street Address (P.O. Box Number is Not Acceptable) _____</p> <p>City FL Zip Code _____</p>
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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

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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	president	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARDOFF, R. B		NAME		
STREET ADDRESS	1850 E MERRITT ISLAND CSWY		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 329522665		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	DR 5/4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARDOFF, MICHAEL G		NAME		
STREET ADDRESS	1850 E MERRITT ISL CSWAY		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHENEY, E RENEE		NAME		
STREET ADDRESS	1850 E MERRITT ISLAND CSWY		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 329522665		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAVARA, JOE		NAME		
STREET ADDRESS	1850 E MERRITT ISLAND CSWY		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 329522665		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 employees.

SIGNATURE: *R B Deardoff* **4-12-07** **321-452-9634**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

R B Deardoff