FILED 2006 FOR PROFIT CORPORATION Jan 11, 2006 08:00 AN **ANNUAL REPORT** Secretary of State **DOCUMENT # P04000169934** CENTRAL LAKELAND MOTORS, INC. Mailing Address Principal Place of Business 1200 W MEMORIAL BLVD 1200 W MEMORIAL BLVD LAKELAND, FL 33815 LAKELAND, FL 33815 CR2E034 (11/05) 01052006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2156259 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DOHERTY, CHRISTOPHER F DO NOT WRITE 1200 W MEMORIAL BLVD LAKELAND, FL 33815 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) Signature, typed or printed name of registered agont and title if applicable. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DOHERTY, CHRISTOPHER F NAME 1100000382402 STREET ADDRESS 1200 W MEMORIAL BLVD ////12/06-80010-002 150.cm LAKELAND, FL 33815 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MILE NAME STREET ADDRESS 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.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/06

863-688-5451

Daytime Phone