2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P05000030986



FILED Jan 12, 2006 8:00 am Secretary of State

1. Entity Name DICK NORRIS PONTIAC GMC, INC.				01-12-2006 90169 026 ***150.00
Principal Place of Business 30777 US 19 NORTH PALM HARBOR, FL 34684		Mailing Address 30777 US 19 NORTH PALM HARBOR, FL 34684		
2. Principal Place of Business		3. Mailing Address		
19320	U.S. Hwy 19 N			* IMPERIMENT TO MALES! ONLY WELLS WELLS WELLS WELLS WITHOUT THE TAXABLE PROPERTY OF THE PROPER
Suite, Apt,	#, etc.	Suite, Apt. #, etc.		01062006 Chg-P CR2E034 (11/05)
City & State		City & State		4. FEI Number Applied For
Clear Zip	rwater,Fl Country	Zip	Country	5 Certificate of Status Desired \$8.75 Additional
33764				5. Certificate of Status Desired Fee Required
	6. Name and Address of Current	Registered Agent	Nama	7. Name and Address of New Registered Agent
NORRIS, RICHARD H. 30777 US 19 NORTH PALM HARBOR, FL 34684			Street A	Address (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
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 flapplicable. (NOTE, Registered Agent signature required when renstative) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	D NORRIS, RICHARD H.	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	30777 US 19 NORTH		STREET ADDRESS	s
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	30777 U.S. 19 North 341,84
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	30777 U.S. 19 North
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP	Palm Harbor, F1 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	30777 U.S. 19 North
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A STATE OF THE STA	☐ Delete	TITLE 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 received 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: VC. TRUDY G.IKEY OILLOG NAT 187-8W				