2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000030986

City-St-Zip:

City-St-Zip:

Title:

Name: Address: PALM HARBOR, FL 34684

GILKEY, TRUDY

30777 U.S. 19 NORTH

PALM HARBOR, FL 34684

() Delete

FILED Nov 01, 2007 Secretary of State

Entity Name: DICK NORRIS PONTIAC GMC, INC. **Current Principal Place of Business: New Principal Place of Business:** 19320 U.S. HWY 19 N CLEARWATER, FL 33764 **Current Mailing Address: New Mailing Address:** 30777 US 19 NORTH PALM HARBOR, FL 34684 FEI Number: 20-2376441 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NORRIS, RICHARD H. 30777 US 19 NORTH PALM HARBOR, FL 34684 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition NORRIS, RICHARD H. Name: Name: 30777 US 19 NORTH Address: Address: City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: Title: Title: () Change () Addition () Delete Name: NORRIS, RICHARD Name: 30777 U.S. 19 NORTH Address: Address: PALM HARBOR, FL 34684 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition VΡ NORRIS, DOUGLAS Name: NORRIS, DOUGLAS Name: 30777 U.S. 19 NORTH 30777 U.S. 19 NORTH Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PALM HARBOR, FL 34684

() Change () Addition

SIGNATURE: TRUDY GILKEY S 11/01/2007