


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000030986 1. Entity Name DICK NORRIS PONTIAC GMC, INC.	
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Principal Place of Business 19320 U.S. HWY 19 N CLEARWATER, FL 33764	Mailing Address 30777 US 19 NORTH PALM HARBOR, FL 34684
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01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2376441	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NORRIS, RICHARD H.
30777 US 19 NORTH
PALM HARBOR, FL 34684**

**DO NOT WRITE
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) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE D	NORRIS, RICHARD H. 30777 US 19 NORTH PALM HARBOR, FL 34684
TITLE P	NORRIS, RICHARD 30777 U.S. 19 NORTH PALM HARBOR, FL 34684
TITLE VP	NORRIS, DOUGLAS 30777 U.S. 19 NORTH PALM HARBOR, FL 34684
TITLE S	GILKEY, TRUDY 30777 U.S. 19 NORTH PALM HARBOR, FL 34684
TITLE NAME	STREET ADDRESS
TITLE NAME	STREET ADDRESS

UD00000793028
01/24/08-80033-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE:

Trudy Gilkey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/08 727 787-8663
Date Daytime Phone #