


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

2008 JUN 17 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P35145</b> 1. Entity Name PRESTIGE FORD, INC.	
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Principal Place of Business 17701 HWY 441 MT DORA, FL 32757 US	Mailing Address 17701 HWY 441 MT DORA, FL 32757 US
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**DO NOT WRITE IN THIS SPACE**



06032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3078524	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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**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 Barbara A. Burke **Barbara A. Burke** 6-16-08  
Special Assistant Secretary  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

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

800131632893  
06/24/08--01040--008 \*\*560/00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATTHEWS, I J 17701 HWY 441 MT DORA, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEWS, D 17701 HWY 441 MT DORA, FL 32726
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**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: D. Matthews  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-9-08 352.357.5522  
Date Daytime Phone #