

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 A
Secretary of State

DOCUMENT # P93000021889

1. Entity Name
MILTON DODGE, CHRYSLER, JEEP, INC.



Principal Place of Business

**6348 HWY 90 W
P.O. BOX 820
MILTON, FL 32570 US**

Mailing Address

**6348 HWY 90 W
P.O. BOX 820
MILTON, FL 32570 US**

DO NOT WRITE IN THIS SPACE



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3174310	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DONALD R. PADGET
6348 HWY 90 W
MILTON, FL 32570**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PADGET, DONALD R. 6348 HWY 90 W MILTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LOCKWOOD DAVID A. 6348 W HWY 90 MILTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SMITH CAROL L. 6348 W HWY 90 MILTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LOCKWOOD LEONARD A. 6348 W, HWY 90 MILTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOCKWOOD JOAN N. 6348 W HWY 90 MILTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BROWN, JEANNE J 6348 W HWY 90 MILTON, FL

**DO NOT WRITE
IN THIS SPACE**

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03/06/08-80039-013.158.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeanne J. Brown
Jeanne J. Brown

2/18/08 (850) 623-6866

Date

Daytime Phone #