

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000021889

FILED
Mar 30, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

6348 HWY 90 W
MILTON, FL 32570 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3174310 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PADGET, DONALD R.
Address: 6348 HWY 90 W
City-St-Zip: MILTON, FL

Title: VD () Delete
Name: LOCKWOOD DAVID A.,
Address: 6348 W HWY 90
City-St-Zip: MILTON, FL

Title: TD () Delete
Name: SMITH CAROL L.,
Address: 6348 W HWY 90
City-St-Zip: MILTON, FL

Title: VD () Delete
Name: LOCKWOOD LEONARD A.,
Address: 6348 W HWY 90
City-St-Zip: MILTON, FL

Title: D () Delete
Name: LOCKWOOD JOAN N.,
Address: 6348 W HWY 90
City-St-Zip: MILTON, FL

Title: S () Delete
Name: BROWN, JEANNE J
Address: 6348 W HWY 90
City-St-Zip: MILTON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: LOCKWOOD, CAROL,
Address: 6348 W HWY 90
City-St-Zip: MILTON, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DONALD R. PADGET

P

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date