## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

of the corporation or the receiver or changed, or on an attachment with

SIGNATUR

SIGNATURE: \_\_\_

## Jun 30, 2006 8:00 am **Secretary of State DOCUMENT # P93000051961** 06-30-2006 90001 019 \*\*\*150.00 ADVANTAGE CHRYSLER-DODGE-JEEP, INC. Principal Place of Business Mailing Address 18311 US HWY 441 18311 US HWY 441 MT DORA, FL 32757 MT DORA, FL 32757 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06272006 Chg-P CR2E034 (11/05) City & State Applied For City & State 4. FEI Number 59-3193893 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 18311 US HWY 441 MT DORA, FL 32757 City Zip Code 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. DATE (NOTE: Registered Agent algnoture required when reinstating) \$5.00 May Be FILE NOWII! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. VP ■ Addition TITLE ☐ Delete TITLE ☐ Change SEAN SULLIVAN SMITH, CHRISTOPHER NAME NAME 1749 SW COLLEGE RD STREET ADDRESS 18311 US HWY 441 STREET ADDRESS OCALA FL CITY-ST-ZIP CITY-ST-7IP MT DORA, FL ☐ Delete TITLE Change ☐ Addition TIT! F NAME SULLIVAN, ARTHUR NAME STREET ADDRESS SZERODA TEERTS 1749 SW COLLEGE RD. CITY-ST-ZIP OCALA, FL CITY-ST-ZIP VSD ☐ Change Addition ☐ Detete TITLE BOSTIC, WANDA NAME NAME 3000 N. MAIN ST. STREET ADDRESS STREET ADDRESS GAINESVILLE, FL 32609 CITY-ST-ZIP CITY-SE-71P ☐ Change ☐ Addition TITLE D Detete SULLIVAN, BARBARA NAME MAME 481 MAIN ST STREET AOORESS STREET ADDRESS WILBRAHAM, MA 01095 CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE CROWN, CHARLIE NAME STREET ADDRESS STREET ADDRESS 18311 US HWY 441 CITY-ST-7P CITY-ST-ZIP MOUNT DORA, FL 32757 Delete ☐ Change ■ Addition TITLE VP TEDE LOPEZ, MARC NAME STREET ADORESS 1834 US HWY 441 STREET ADDRESS MOUNT DORA, FL 32757 CITY-ST-7/P obes 1st quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the like empowered. 12. Thereby certify that the information supplied with this filting indicated on this report or supplemental report is trie and

G OFFICER OR DIRECTOR

FILED

352.735.3777