2007 FOR PROFIT CORPORATION

changed, or on an attachme

SIGNATURE:

Apr 16, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P93000051961 04-16-2007 90044 014 ***150 00 1. Entity Name ADVANTAGE CHRYSLER-DODGE-JEEP, INC. Principal Place of Business Mailing Address TUUD LU-18311 US HWY 441 18311 US HWY 441 MT DORA, FL 32757 MT DORA, FL 32757 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 04112007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3193893 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box 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 FL 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 fitte it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE ☐ Change Addition SULLIVAN, SEAN SMITH, CHRISTOPHER NAME NAME STREET ADDRESS 18311 US HWY 441 STREET ADMORESS CITY-ST-ZIP MT DORA, FL CTY-S1-ZP DCALA, FL Ociete Addition TITLE TILE ☐ Change NOONAN, MOLLY NAME SULLIVAN, ARTHUR NAME 1469 N. LAKE WAY STREET ADDRESS 1749 SW COLLEGE RD. STREET ADDRESS PALM BEACH, FL CITY-ST-ZIP OCALA, FL CITY-ST-7/P 33480 D VSD Change TITLE □ Delete TITLE Addition BOSTIC, WANDA 3000 N. MAIN ST. NAME BOSTIC, WANDA NAME STREET ADDRESS 3000 N. MAIN ST. STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32609 CITY-ST-ZIP CAINESVILLE, FL 32609 TITLE Detete TITLE ☐ Change ☐ Addition NAME SULLIVAN, BARBARA NAME STREET ADDRESS 481 MAIN ST STREET ADDRESS CITY-ST-ZIP WILBRAHAM, MA 01095 CTTY-ST-ZIP TITLE ☐ Delete TILE ☐ Change Addition CROWN, CHARLIE NAME NAME STREET ADORESS STREET ADDRESS 18311 US HWY 441 CITY-ST-7IP MOUNT DORA, FL 32757 CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition TITLE LOPEZ, MARC NAME NAME STREET ADDRESS 1834 US HWY 441 STREET ADDRESS CITY-ST-ZIP MOUNT DORA, FL 32757 CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental error is the 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 present in Block 10 or Block 11 if

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daylime Phone #