2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF S

Apr 04, 2008 8:00 am Secretary of State DOCUMENT # P93000051961 04-04-2008 90019 007 ***150.00 ADVANTAGE CHRYSLER-DODGE-JEEP, INC. Principal Place of Business Maiting Address 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. 03072008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3193893 Not Applicable 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 SMITH, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 18311 US HWY 441 MT DORA, FL 32757 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 it applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE Addition TITLE ☐ Delete SULLIVAN, SEAN 1749 S.W. COLLEGE RD SMITH, CHRISTOPHER NAME 18311 US HWY 441 STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP MT DORA, FL CHTY-ST-ZIP OCALA, FL 3447) ☐ Change Addition TITLE □ Delete NOONAN, MOLLY 1469 N. LAKE W SULLIVAN, ARTHUR NASA-1749 SW COLLEGE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA, FL PALM BEACH FL 33480 D Addition ☐ Delete HIF Change TITLE CIMOY GOGDEN -BOSTIC, WANDA NAME NAME STREET ADDRESS 3000 N. MAIN ST. STREET ADDRESS CITY-ST-ZP GAINESVILLE, FL 32609 CHY-ST-ZP OCALA, FL 34474 - Accilion ☐ Delete HHE Change JEFF KENNEDY SULLIVAN BARBARA NAME NAME 4000 S.W. COLLEGE RP. STREET ADDRESS 481 MAIN ST STHEET ADDRESS CITY-ST-ZIP WILBRAHAM, MA 01095 CITY-ST- ZP OCALA, FL Change ☐ Addition ☐ Delete DHE WILE CROWN, CHARLIE NAME STREET ADDRESS STREET ADDRESS 18311 US HWY 441 CITY-ST-7/P MOUNT DORA, FL 32757 CHY-ST-ZP ☐ Defete THLE Change Audition TITLE VP LOPEZ, MARC NAME STREET ADDRESS 1834 US HWY 441 STREET ADDRESS MOUNT DORA, FL 32757 CITY-ST-ZP 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 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 attacking it with an address, with all other like empowered.