## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE: 2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Feb 28, 2005 8:00 am Secretary of State 02-28-2005 90181 025 \*\*\*150.00

Robert C. Sansing 2-23-65

DOCUMENT # P9400005745  1. Entity Name SANDY SANSING NISSAN HOLDING, INC.							02-28-2005	90181 0	)25 ***15	60.00
Principa) Place 6200 PENSA PENSACOLA,	COLA BOUL		Mailing Address 6200 PENSACOLA BOULEVARD PENSACOLA, FL 32505				1	4 4 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1		401 11 1801
2. Principal Pl	lace of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01122005	Chg-P	CR2E03	34 (10/03)	
City & State			City & State		4. FEI Numb			<u> </u>	olied For Applicable	
Zip	Country		Zip	, and the second		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Current	7. Name and Address of New Registered Agent Name							
SANSING, ROBERT C					Street Address (P.O. Box Number is Not Acceptable)					
6200 PENSACOLA BOULEVARD PENSACOLA, FL 32505					0.0017.001000			<u> </u>		
					City			FL	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. It 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 NOWIII FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution						.00 May Be ded to Fees				
10.	1	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND			
TITLE	PD	B. ROBERT C	☐ Delete TITLE		1				☐ Change	☐ Addition
NAME STREET ADDRESS	i	NSACOLA BOULEVARI			EET ADDRESS					
CITY-ST-ZIP	PENSACOLA, FL			СПУ	'-ST-ZIP					
TITLE	STD	☐ Delete	TITL					☐ Change	☐ Addition	
NAME STREET ADDRESS		N, MICHAEL KMOUNT DRIVE	· NAM		ie Eet address			!		
CITY-ST-ZIP	****				-ST-ZIP					
TITLE			☐ Delete	TIJL	E	,			☐ Change	☐ Addition
NAME			_	NAM						
STREET ADDRESS CITY-ST-ZIP					EET ADORESS   '- ST-ZIP					'
TITLE			☐ Delete	TITL					☐ Change	☐ Addition
NAME				NAN	<b>I</b>					_
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP	1			_	/-ST-ZIP				☐ Change	☐ Addition
TITLE NAME	ŀ		☐ Delete	TITL					☐ Criange	☐ Addition
STREET ADDRESS	,,,,	•			EET ADDRESS					
CITY-ST-ZIP				CITY	/-ST-ZIP					<u> </u>
TITLE			☐ Delete	TITL Naa	1				☐ Change	☐ Addition
NAME STREET ADDRESS	Feg	d			EET ADDRESS					
CITY+ST-ZIP "	1. 5.5.	•			r-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachmost with an address, with all other like empowered.										