

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90284 011 \*\*\*150.00

**DOCUMENT # P95000050275**

1. Entity Name  
**LLOYD AUTOMOTIVE MANAGEMENT, INC.**



Principal Place of Business  
**1585 AVIATION CENTER PKWY  
STE 602  
DAYTONA BEACH, FL 32114**

Mailing Address  
**1800 W. INTERNATIONAL SPEEDWAY BLVD.  
BUILDING 2, SUITE 201  
DAYTONA BEACH, FL 32114**

**50023340**



2. Principal Place of Business

3. Mailing Address

**1585 AVIATION CENTER  
PKWY.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**STE 602**

03032005

Chg-P

CR2E034 (10/03)

City & State

City & State

**DAYTONA BEACH, FL**

4. FEI Number

**59-3331401**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32114**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROTTY, KATHLEEN L  
1800 W. INTERNATIONAL SPEEDWAY BLVD.  
DAYTONA BEACH, FL 32114**

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I 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 NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME LLOYD, WILLIAM S  
STREET ADDRESS 2545 S ATLANTIC AVENUE UNIT 2208  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CD ☐ Delete  
NAME LLOYD, ROBERT F  
STREET ADDRESS 6354 RIVER ROAD  
CITY-ST-ZIP NEW SMYRNA, FL 32169

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☐ Delete  
NAME MACMILLAN, SCOTT D  
STREET ADDRESS 791 PHEASANT RUN CT  
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ROBERT F. LLOYD** 3/3/05 (386)248-1875