

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90079 039 ***150.00

| | | | | | |
|--|---------------------------|---|--|---|--|
| DOCUMENT # P96000081258 1. Entity Name PALM CHRYSLER PLYMOUTH JEEP-EAGLE, INC. | | | | | |
| Principal Place of Business 515 N FLAGLER DR STE 808 WEST PALM BEACH, FL 33401 | | | Mailing Address 515 N FLAGLER DR STE 808 WEST PALM BEACH, FL 33401 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| FHS CORPORATE SERVICES INC. 11780 US HIGHWAY ONE STE 300 NO PALM BEACH, FL 33408 <div style="border: 1px solid black; padding: 5px; display: inline-block; transform: rotate(-15deg);"> NOTE - Moved (Address change only) </div> | | | | Name FHS Corp Services Inc Street Address (P.O. Box Number is Not Acceptable) 660 U.S. Highway One, 3rd Fl. City North Palm Beach FL Zip Code 33408 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | DPS | | TITLE | | |
| NAME | CUILLO, ROBERT S | | NAME | | |
| STREET ADDRESS | 515 N FLAGLER DR STE 808 | | STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33401 | | CITY-ST-ZIP | | |
| TITLE | T | | TITLE | | |
| NAME | HOTARY, MICHAEL | | NAME | | |
| STREET ADDRESS | 515 N FLAGLER DR STE 808 | | STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33401 | | CITY-ST-ZIP | | |
| TITLE | | | TITLE | | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | | TITLE | | |
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| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| TITLE | | | TITLE | | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: Michael Hotary Treasurer 4-27-06 (561) 478-4990 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |



03132006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3402385

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required