

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000057280**

1. Entity Name  
**BILL HEARD CHEVROLET CORPORATION-ORLANDO**



Principal Place of Business

127 N OREGON STREET  
SANFORD, FL 32771

Mailing Address

127 N OREGON STREET  
SANFORD, FL 32771



05312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**62-1696926**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

1000007368948  
06/03/05-80003-010 550.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
HEARD, WILLIAM T  
200 BROOKSTONE PKWY #205  
COLUMBUS, GA 31904

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
FELDNER, RONALD A  
200 BROOKSTONE PKWY #205  
COLUMBUS, GA 31904

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
YOUNG, RICHARD M  
200 BROOKSTONE PKWY #205  
COLUMBUS, GA 31904

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
CLARKE, JOHN  
127 N. OREGON ST.  
SANFORD, FL 32771

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 #

*John Clarke*  
John Clarke

5-31-05 407-302-5704