

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000076977**

**1. Entity Name**

**RICK KEFFER DODGE CHRYSLER JEEP, INC.**



**Principal Place of Business**

**464037 SR 200  
YULEE, FL 32097**

**Mailing Address**

**464037 SR 200  
YULEE, FL 32097**



04072005 No Chg-P CR2E034 (10/03)

**4. FEI Number**

**59-3465259**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**KEFFER, RICHARD W III  
464037 SR 200  
YULEE, FL 32097**

**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 \$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**

**TITLE D  
NAME KEFFER, RICHARD JR  
STREET ADDRESS 8200 E INDEPENDENCE BLVD  
CITY-ST-ZIP CHARLOTTE, NC 28227**

**TITLE D  
NAME KEFFER, JAMES L  
STREET ADDRESS 8200 E INDEPENDENCE BLVD  
CITY-ST-ZIP CHARLOTTE, NC 28227**

**TITLE D  
NAME HUNTER, BONNIE L  
STREET ADDRESS 8200 E INDEPENDENCE BLVD  
CITY-ST-ZIP CHARLOTTE, NC 28227**

**TITLE D  
NAME KEFFER, RICHARD W III  
STREET ADDRESS 464037 SR 200  
CITY-ST-ZIP YULEE, FL 32097**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

000000305012  
04/14/05-80065-023 150.00

**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)(f), 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 #