

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000008932

1. Entity Name
SONIC AUTOMOTIVE-CLEARWATER, INC.



Principal Place of Business
21799 U.S. HWY 19 N.
CLEARWATER, FL 33765

Mailing Address
21799 U.S. HWY 19 N.
CLEARWATER, FL 33765

DO NOT WRITE IN THIS SPACE



02162004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3501017

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 RD.
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 Michael E Mullins 2/20/04
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000065557
02/25/04-80042-014 158.75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SMITH, B S
STREET ADDRESS 5401 E. INDEPENDENCE BLVD.
CITY-ST-ZIP CLEARWATER, FL 28218

TITLE VTD
NAME WRIGHT, THEODORE M
STREET ADDRESS 5401 E. INDEPENDENCE BLVD.
CITY-ST-ZIP CHARLOTTE, NC 28218

TITLE CD
NAME SMITH, O B
STREET ADDRESS 5401 E. INDEPENDENCE BLVD.
CITY-ST-ZIP CHARLOTTE, NC 28218

TITLE AST
NAME MULLINS, MICHAEL E
STREET ADDRESS 21699 U.S. HWY 19 N
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Michael E Mullins 2/20/04 813-299-9450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #