

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P98000009115

1. Entity Name
ENDICOTT NISSAN, INC.



Principal Place of Business
1100 SOUTH FEDERAL HIGHWAY
POMPANO BEACH, FL 33062

Mailing Address
1100 SOUTH FEDERAL HIGHWAY
POMPANO BEACH, FL 33062



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0811221	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ENDICOTT, JOHN T
1345 SOUTH FEDERAL HIGHWAY
POMPANO BEACH, FL 33062

**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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ENDICOTT, THOMAS M
STREET ADDRESS	1345 SOUTH FEDERAL HIGHWAY
CITY-ST-ZIP	POMPANO BEACH, FL 33062

TITLE	TVD
NAME	ENDICOTT, JOHN T
STREET ADDRESS	1345 SOUTH FEDERAL HIGHWAY
CITY-ST-ZIP	POMPANO BEACH, FL 33062

TITLE	S
NAME	MANASSE, GAIL L
STREET ADDRESS	272 NW 118 TERR
CITY-ST-ZIP	CORAL SPRINGS, FL 33071

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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 without other like empowered.

SIGNATURE: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4-24-07

Date

954-781-7700

Daytime Phone #