

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000039200**

1. Entity Name  
**POTOMAC GERMAN AUTO SOUTH, INC.**



Principal Place of Business

**550 STATE ROAD 207  
ST. AUGUSTINE, FL 32084**

Mailing Address

**550 STATE ROAD 207  
ST. AUGUSTINE, FL 32084**

**DO NOT WRITE IN THIS SPACE**



02142006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3507389**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DIFATO, MICHAEL  
550 STATE ROAD 207  
SAINT AUGUSTINE, FL 32095**

**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, 2006 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	MILLER, W. HALL
STREET ADDRESS	4305 LINE KILN ROAD
CITY-ST-ZIP	FREDERICK, MD 21703
TITLE	D
NAME	DIFATO, MICHAEL
STREET ADDRESS	550 SR 207
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	D
NAME	DIFATO, JOSEPH
STREET ADDRESS	550 SR 207
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000440917  
03/03/06-80016-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/06

Date

904-826-4534

Daytime Phone #