

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000089070

FILED
Apr 18, 2005
Secretary of State

Entity Name: DEALER SERVICES CORPORATION OF ORLANDO

Current Principal Place of Business:

645 W. MICHIGAN ST.
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 568245
ORLANDO, FL 32856

New Mailing Address:

FEI Number: 59-3540533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, PAMELA N
645 W. MICHIGAN ST.
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: BURDEN, RANDY O
Address: 1611 S. SUMMERLIN AVE.
City-St-Zip: ORLANDO, FL 32806

Title: DP () Delete
Name: MATHES, PATRICK C III
Address: 5517 HANSEL AVE
City-St-Zip: ORLANDO, FL 32805

Title: ST () Delete
Name: SHAW, PAMELA N
Address: 2901 S OSCEOLA ST
City-St-Zip: ORLANDO, FL 32806

Title: DV () Delete
Name: HOOKER, DOUGLAS P
Address: 5511 HANSEL AVE
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA N SHAW

ST

04/18/2005

Electronic Signature of Signing Officer or Director

_____ Date