

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000104939

1. Entity Name
CHARLOTTE LINCOLN/MERCURY, INC.



Principal Place of Business
**2021 SOUTH TAMiami TRAIL
PUNTA GORDA, FL 33950**

Mailing Address
**2021 SOUTH TAMiami TRAIL
PUNTA GORDA, FL 33950**



02152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0882282

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOWARD, JAMES E
1727 QUESTAR LANE
SARASOTA, FL 34231**

**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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HOWARD, JAMES E
STREET ADDRESS 7110 SOUTH TAMiami TRAIL
CITY-ST-ZIP SARASOTA, FL 33581

TITLE VD
NAME HOWARD, EDDYE S
STREET ADDRESS 7110 SOUTH TAMiami TRAIL
CITY-ST-ZIP SARASOTA, FL 34231

TITLE VD
NAME HOWARD, JEFFREY J
STREET ADDRESS 7110 SOUTH TAMiami TRAIL
CITY-ST-ZIP SARASOTA, FL 34231

TITLE TSD
NAME HOWARD, JOYCE O
STREET ADDRESS 7110 SOUTH TAMiami TRAIL
CITY-ST-ZIP SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000676948
03/30/07-80077-013 158.75

**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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/07

Date

Daytime Phone #