


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000014918 1. Entity Name SONIC - LLOYD NISSAN, INC.	
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Principal Place of Business 120 E. 23RD ST. PANAMA CITY, FL 32405	Mailing Address 120 E. 23RD ST. PANAMA CITY, FL 32405
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DO NOT WRITE IN THIS SPACE



02192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3560057	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 CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, BRYAN S 4516 BELKNAP RD CHARLOTTE, NC 28211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IUPPENLATZ, MARK 6415 IDLEWILD RD STE 109 CHARLOTTE, NC 28212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COSS, STEPHEN K 6415 IDLEWILD RD STE 109 CHARLOTTE, NC 28212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS O'CONNOR, JOSEPH K 6415 IDLEWILD RD STE 109 CHARLOTTE, NC 28212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PLUMMER, DAVID 6415 IDLEWILD RD STE 109 CHARLOTTE, NC 28212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MULLINS, MIKE 21799 US HWY 19 NORTH CLEARWATER, FL 33765

**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: *m e m* Asst Sec'y 2/23/07 813-294-9150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #