

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000043291

Entity Name: SONIC - SHOTTENKIRK, INC.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

5600 PENSACOLA BLVD
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

5600 PENSACOLA BLVD
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 59-3575773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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: P () Delete
Name: SMITH, BRYAN S
Address: 6407 IDLEWILD RD BLDG 2 STE 109
City-St-Zip: CHARLOTTE, NC 28212

Title: V () Delete
Name: MULLINS, MIKE
Address: 21799 USHWY 19 N
City-St-Zip: CLEARWATER, FL 33765

Title: S () Delete
Name: COSS, STEPHEN K
Address: 6415 IDLEWILD RD, BLDG 2, STE 109
City-St-Zip: CHARLOTTE, NC 28212

Title: AS () Delete
Name: PLUMMER, DAVID
Address: 6415 IDLEWILD RD, BLDG 2, STE 109
City-St-Zip: CHARLOTTE, NC 28212

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 Chapter 119, 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: MIKE MULLINS

V

04/27/2006

Electronic Signature of Signing Officer or Director

Date