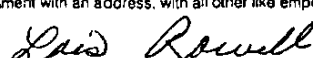


FILED
Jun 03, 2005 8:00 am
Secretary of State

66021038

DOCUMENT # S45825 1. Entity Name DODGE CHRYSLER JEEP OF WINTER HAVEN, INC.				Secretary of State 04-18-2005 90263 040 ***150.00	
Principal Place of Business 190 AVENUE K S.W. WINTER HAVEN, FL 33880		Mailing Address 190 AVENUE K S.W. WINTER HAVEN, FL 33880		66021038 	
2. Principal Place of Business		3. Mailing Address		03072005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3063063	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHASTAIN, WILLIAM W PA 601 NO ASHLEY DR STE 600 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name RICHARD STAUDCHN ATTORNEY PA Street Address (P.O. Box Number is Not Acceptable) 255 MAGNOLIA AVE SW City WINTER HAVEN FL Zip Code 33880	
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  (NOTE: Registered Agent signature required when re-registering) DATE 5/31/05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTSD MAHALAK, RALPH E. 190 AVE. K S.W. WINTER HAVEN, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V MAHALAK, MICHAEL 190 AVE K SW WINTER HAVEN, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AST ROWELL, LOIS 190 AVE K SW WINTER HAVEN, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		4/12/2005 863-595-2155			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			