2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State
03-13-2006 90054 029 ***150.00

DOCUMENT # S45825

1. Entity Name
DODGE CHRYSLER JEEP OF WINTER HAVEN, INC.

40028644

02222006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
190 AVENUE K S.W. WINTER HAVEN, FL 33880	190 AVENUE K S.W. WINTER HAVEN, FL 33880

2. Principal Place of Business	3. Mailing Address
299 Cypress Gardens Blvd	299 Cypress Gardens Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven, FL	City & State: Winter Haven, FL
Zip: 33880 Country:	Zip: 33880 Country:

4. FEI Number: 59-3063063 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STAROGHN, RICHARD
255 MAGNOLIA AVENUE SW
STE 600
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name: Richard Straughn Attorney P.A.
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 _____ DATE 3/7/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	PTSD Mahalak, Ralph E. 299 Cypress Gardens Blvd Winter Haven, FL 33880	☒ 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	V Mahalak, Michael 299 Cypress Gardens Blvd Winter Haven,FL 33880	☒ 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	AST Mahalak, Alex 299 Cypress Gardens Blvd Winter Haven, FL 33880	☒ 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 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: _____ Mike Mahalak 2-23-06 863-299-1243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #