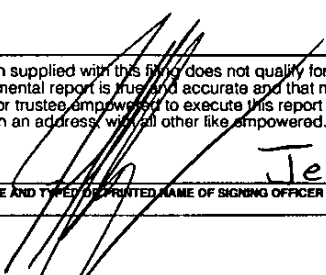


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90060 035 ***150.00

DOCUMENT # S47494 1. Entity Name SULLIVAN PONTIAC-CADILLAC-GMC TRUCK, INC.					
Principal Place of Business 4040 SW COLLEGE ROAD OCALA, FL 34471			Mailing Address 4040 SW COLLEGE ROAD OCALA, FL 34471		
2. Principal Place of Business		3. Mailing Address 4000 SW College Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State OCALA, FL		4. FEI Number 59-3064490	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 34474		Country MARION		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SMITH CHRIS 4040 SW COLLEGE RD. OCALA, FL 34474				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
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	D SULLIVAN, ARTHUR 1749 SW COLLEGE ROAD OCALA, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. Jeffrey Kennedy 4000 SW College Rd OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BOSTIC, WANDA 1515 N MAIN STREET GAINESVILLE, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. Richard Gruber 4040 SW College Rd OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BOSTIC, WANDA 3000 N. MAIN ST. GAINESVILLE, FL 32609	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SULLIVAN, BARBARA 220 OSCEOLA WAY PALM BEACH, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, CHRIS 3000 N. MAIN ST. GAINESVILLE, FL 32609	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ 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, without other like empowered.					
SIGNATURE:  Jeffrey Kennedy 1/19/05 352-620-0008 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					