# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 27, 2006**
**Secretary of State**

DOCUMENT# S47494

**Entity Name:** SULLIVAN PONTIAC-CADILLAC-GMC TRUCK, INC.

**Current Principal Place of Business:**

4040 SW COLLEGE ROAD
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

4000 SW COLLEGE ROAD
OCALA, FL 34471

**New Mailing Address:**

**FEI Number: 59-3064490** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH CHRIS
4040 SW COLLEGE RD.
OCALA, FL 34474 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: | D | ( ) Delete |
| Name: | SULLIVAN, ARTHUR, | |
| Address: | 1749 SW COLLEGE ROAD | |
| City-St-Zip: | OCALA, FL | |
| Title: | SD | ( ) Delete |
| Name: | BOSTIC, WANDA | |
| Address: | 1515 N MAIN STREET | |
| City-St-Zip: | GAINESVILLE, FL | |
| Title: | VP | ( ) Delete |
| Name: | BOSTIC, WANDA | |
| Address: | 3000 N. MAIN ST. | |
| City-St-Zip: | GAINESVILLE, FL 32609 | |
| Title: | D | ( ) Delete |
| Name: | SULLIVAN, BARBARA | |
| Address: | 220 OSCEOLA WAY | |
| City-St-Zip: | PALM BEACH, FL | |
| Title: | D | ( ) Delete |
| Name: | SMITH, CHRIS | |
| Address: | 3000 N. MAIN ST. | |
| City-St-Zip: | GAINESVILLE, FL 32609 | |
| Title: | VP | ( ) Delete |
| Name: | KENNEDY, JEFFREY | |
| Address: | 4000 SW COLLEGE ROAD | |
| City-St-Zip: | OCALA, FL 34474 | |

**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: | |
| 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: WANDA BOSTIC SD 06/27/2006

Electronic Signature of Signing Officer or Director — Date