

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# S47494

FILED
Aug 02, 2007
Secretary of State

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

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: P (X) Change () Addition
Name: SULLIVAN, ARTHUR,
Address: 1749 SW COLLEGE ROAD
City-St-Zip: OCALA, FL

Title: S (X) Change () Addition
Name: GOGUEN, CYNTHIA
Address: 4000 SW COLLEGE ROAD
City-St-Zip: OCALA, FL 34474

Title: D (X) Change () Addition
Name: BOSTIC, WANDA
Address: 3000 N. MAIN ST.
City-St-Zip: GAINESVILLE, FL 32609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SMITH, CHRIS
Address: 3000 N. MAIN ST.
City-St-Zip: GAINESVILLE, FL 32609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CYNTHIA GOGUEN

S

08/02/2007

Electronic Signature of Signing Officer or Director

Date