

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 419743

FILED  
Jan 20, 2004  
Secretary of State

Entity Name: SCOGGINS CHEVROLET OLDS-BUICK, INC.

**Current Principal Place of Business:**

1424 N YOUNG BLVD  
CHIEFLAND, FL 32626 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 920  
CHIEFLAND, FL 32644 US

**New Mailing Address:**

FEI Number: 59-1466159      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SCOGGINS, NORMAN M  
13440 NW 50TH AVENUE  
CHIEFLAND, FL 32626 US

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

SCOGGINS, NORMAN M PRES.  
13440 NW 50TH AVENUE  
CHIEFLAND, FL 32626 US

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: NORMAN M SCOGGINS      01/20/2004  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      (X) Delete  
Name: MCKENZIE, WK,  
Address: 2942 S.W. 68TH LN.  
City-St-Zip: GAINESVILLE, FL

Title: STD      ( ) Delete  
Name: SCOGGINS, ANITA F,  
Address: 13440 NW 50TH AVENUE  
City-St-Zip: CHIEFLAND, FL

Title: PD      ( ) Delete  
Name: SCOGGINS, NORMAN M,  
Address: 13440 NW 50TH AVENUE  
City-St-Zip: CHIEFLAND, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: STD      (X) Change ( ) Addition  
Name: SCOGGINS, ANITA F STD  
Address: 13440 NW 50TH AVENUE  
City-St-Zip: CHIEFLAND, FL 32626 US

Title: PD      (X) Change ( ) Addition  
Name: SCOGGINS, NORMAN M PD  
Address: 13440 NW 50TH AVENUE  
City-St-Zip: CHIEFLAND, FL 32626 FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NORMAN M SCOGGINS      PD      01/20/2004  
Electronic Signature of Signing Officer or Director      Date