


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 460563
1. Entity Name
SAM TAYLOR BUICK-CADILLAC, INC.



Principal Place of Business Mailing Address
329 MIRACLE STRIP PKWY, SW 329 MIRACLE STRIP PKWY, SW
FT. WALTON BEACH, FL 32548 FT. WALTON BEACH, FL 32548

DO NOT WRITE IN THIS SPACE



03292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1547083	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUTSON, KAREN T
329 MIRACLE STRIP PARKWAY SW
FT WALTON BCH, FL 32548

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IN THIS SPACE**

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: *[Signature]* *Karen Taylor-Nutts* 4-8-04
Signature, title or printed name of the person agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000115744
04/16/04-80036-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	HUTSON, DONALD W
STREET ADDRESS	911 SUNSET BAY CT
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	PST
NAME	HUTSON, KAREN TAYLOR
STREET ADDRESS	911 SUNSET BAY CT
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 authority empowered.

SIGNATURE: *[Signature]* *4-8-04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #