


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 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



01252008 No Chg-P CR2E034 (11/05)

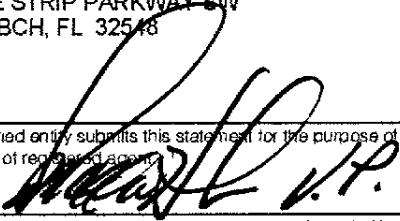
4. FEI Number 59-1547083	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 HUTSON, KAREN T
 329 MIRACLE STRIP PARKWAY SW
 FT WALTON BCH, FL 32548

DO NOT WRITE IN THIS SPACE

B. 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:  DATE: 1-21-06

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUTSON, DONALD W 911 SUNSET BAY CT SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HUTSON, KAREN TAYLOR 911 SUNSET BAY CT SHALIMAR, FL 32579
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 02/08/06-80100-017 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE:  850-244-5165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #