

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 821246

FILED
Mar 09, 2009
Secretary of State

Entity Name: DICK DEVOE BUICK-CADILLAC, INC.

Current Principal Place of Business:

4100 TAMIAMI TRAIL, NORTH
P. O. BOX 1098
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

4100 TAMIAMI TRAIL, NORTH
P. O. BOX 1098
NAPLES, FL 34103

New Mailing Address:

FEI Number: 35-1051129 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVOE, MARK A.
2601 AIRPORT ROAD SOUTH
NAPLES, FL 34112 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: DEVOE, RICHARD H,
Address: 106 WILDERNESS DR
City-St-Zip: NAPLES, FL 34105

Title: VD () Delete
Name: DEVOE, DONALD P,
Address: 530 16TH AVE S
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: WHITLEY, STEVEN R,
Address: 2075 WEST FIRST ST - SUITE 300
City-St-Zip: FT MYERS, FL 33902

Title: D () Delete
Name: KELLY, CHARLES M,
Address: 2390 TAMIAMI TRL N - SUITE 204
City-St-Zip: NAPLES, FL 34103

Title: STD () Delete
Name: DEVOE, BARBARA J,
Address: 106 WILDERNESS DR
City-St-Zip: NAPLES, FL 34105

Title: PD () Delete
Name: DEVOE, MARK A.,
Address: 1843 8TH ST. S.
City-St-Zip: NAPLES, FL 34102

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 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: MARK A. DEVOE

PD

03/09/2009

Electronic Signature of Signing Officer or Director

_____ Date