

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 30, 2008 8:00 am
Secretary of State

03-31-2008 90033 038 ***150.00

DOCUMENT # P03000126313 1. Entity Name CHEVROLET-BUICK OF QUINCY, INC.	
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Principal Place of Business
**2039 WEST JEFFERSON
QUINCY, FL 32351**Mailing Address
**2039 WEST JEFFERSON
QUINCY, FL 32351**

03192008 No Chg-P CR2E034 (11/05)

4. FEI Number
14-1899701Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****DO NOT WRITE IN THIS SPACE****6. Name and Address of Current Registered Agent****PLATTNER, DOUGLAS D
1891 PORTER LAKE DRIVE UNIT 101
SARASOTA, FL 34240****DO NOT WRITE
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, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when resigning)

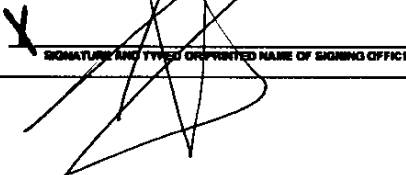
DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00**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	D PLATTNER, DOUGLAS D 2817 CASEY ROAD NOKOMIS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PLATTNER, VERNONS 9860 COSTA MESA LANE #509 BONITA SPRINGS, FL 33923
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #