


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 247703**  
 1. Entity Name  
**TOM ENDICOTT BUICK, INC.**



Principal Place of Business      Mailing Address  
 1345 S FEDERAL HIGHWAY      1345 S FEDERAL HIGHWAY  
 POMPAÑO BEACH, FL 33062      POMPAÑO BEACH, FL 33062

**DO NOT WRITE IN THIS SPACE**



01262004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-0931661      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ENDICOTT, JOHN T.  
 1345 S. FEDERAL HWY  
 POMPAÑO BEACH, FL 33062

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

**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

U00000026784  
 02/03/04-80022-001 150.00

10. OFFICERS AND DIRECTORS

TITLE: PD  
 NAME: ENDICOTT, T M  
 STREET ADDRESS: 1345 S FEDERAL HWY  
 CITY-ST-ZIP: POMPAÑO BEACH, FL 33062

TITLE: VTSD  
 NAME: ENDICOTT, JOHN T  
 STREET ADDRESS: 2320 NE 27TH ST  
 CITY-ST-ZIP: LIGHTHOUSE PT, FL

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 containing address, with all other like empowered.

SIGNATURE:       Date: 1-27-04      Daytime Phone #: 954 781-7700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR