

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # 247703

1. Entity Name
TOM ENDICOTT BUICK, INC.



Principal Place of Business
**1345 S FEDERAL HIGHWAY
POMPANO BEACH, FL 33062**

Mailing Address
**1345 S FEDERAL HIGHWAY
POMPANO BEACH, FL 33062**



04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0931661

Applied For
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
POMPANO 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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

000000291063
04/23/08-80011-006 150.00

10. OFFICERS AND DIRECTORS

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

TITLE TVD
NAME ENDICOTT, JOHN T
STREET ADDRESS 2320 NE 27TH ST
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064

TITLE S
NAME MANASSE, GAIL L
STREET ADDRESS 272 NW 188 TERR
CITY-ST-ZIP CORAL SPRINGS, FL 33071

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 #

4-9-08

954-781-7700