

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 294409

FILED  
Feb 16, 2005  
Secretary of State

Entity Name: DIXIE BUICK GMC TRUCK, INC.

## Current Principal Place of Business:

P.O. BOX 60165  
14565 S. TAMiami TRAIL  
FT MYERS, FL 33906 US

## New Principal Place of Business:

14565 S TAMiami TRAIL  
FT MYERS, FL 33912 US

## Current Mailing Address:

P.O. BOX 60165  
14565 S. TAMiami TRAIL  
FT MYERS, FL 33906 US

## New Mailing Address:

FEI Number: 59-1100101      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADKINS ROBERT C  
14565 S. TAMiami TRAIL  
FORT MYERS, FL 33912 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: PD ( ) Delete  
Name: ADKINS, ROBERT C  
Address: 15232 FIDDLESTICKS BLVD.  
City-St-Zip: FORT MYERS, FL 33912

Title: ST ( ) Delete  
Name: ADKINS, MARILYN H.  
Address: 15232 FIDDLESTICKS BLVD.  
City-St-Zip: FORT MYERS, FL 33912

Title: V ( ) Delete  
Name: ADKINS, ROBERT NELSON  
Address: 880 DEAN WAY  
City-St-Zip: FORT MYERS, FL 33919

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT N ADKINS

VP

02/16/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date