# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 15, 2004 8:00 am**
**Secretary of State**
07-15-2004 90004 036 ***150.00

54062465

DOCUMENT # 312235

1. Entity Name
BO WILLIAMS BUICK, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2060 S.W. S.R. 200<br>P.O. BOX 668<br>OCALA, FL 34474 | 2060 S.W. S.R. 200<br>P.O. BOX 668<br>OCALA, FL 34474 |

07082004 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2060 SW S.R. 200 | Post Office Box 668 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Ocala, Florida | City & State: Ocala, Florida |
| Zip: 34474 Country | Zip: 34478 Country |

4. FEI Number: 59-1157005 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| WILLIAMS, R.S., III<br>2060 S.W. S.R. 200<br>OCALA, FL 32674 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>1574 SE 7th Street<br>City Ocala **FL** Zip Code 34471 |

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: X [signature] 7-9-04
Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>WILLIAMS, R S (III)<br>1520 SE 5TH AVE.<br>OCALA, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>1574 SE 7th Street<br>Ocala, Florida 34471 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WILLIAMS, SARAH P.<br>1520 SW 5TH AVE.<br>OCALA, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD ☒ Change ☐ Addition<br>1574 SE 7th Street<br>Ocala, Florida 34471 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>WILLIAMS, ALEXANDER, P<br>2680 SW 50TH TERR<br>OCALA, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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 with an address, with all other like empowered.

**SIGNATURE:** X [signature] 7-9-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #