2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 19, 2007 8:00 am **Secretary of State DOCUMENT #312235** 03-19-2007 90078 024 ***150.00 1. Entity Name BO WILLIAMS BUICK, INC. Principal Place of Business Mailing Address 40038253 2060 SW S.R. 200 P.O. BOX 668 OCALA, FL 34474 OCALA, FL 34478 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072007 Chg-P CR2E034 (12/06) City & State City & State 4. FE! Number Applied For 59-1157005 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, R.S., III Street Address (P.O. Box Number is Not Acceptable) 1574 SE 7TH STRET OCALA, FL 34471 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE □ Delete Reuben S. Williams IV WILLIAMS, R S (III) NAME NAME STREET ADDRESS 1574 SE 7TH STREET 954 E Silver Springs Blud STREET ADDRESS CITY-ST-ZIP OCALA, FL 34471 CITY-ST-ZIP STD TELLE ☐ Delete ☐ Change ☐ Addition WILLIAMS, SARAH P. NAME NAME STREET ADDRESS 1574 SE 7TH ST STREET ADDRESS CITY-ST-ZIP **OCALA, FL 34471** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME WILLIAMS, ALEXANDER P 2680 SW 50 TERR STHEET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34474 CITY-ST-ZIP TITLE ☐ Delete THUE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete THIE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 receive purested 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 attachm with all other like empowered

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED