2004 FOR PROFIT CORPORATION

Mar 24, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # 315802** 1. Entity Name BILL BUCK CHEVROLET, INC. Principal Place of Business Mailing Address 2324 S. TAMIAMI TRAIL 2324 S. TAMIAMI TRAIL VENICE, FL 34293 VENICE, FL 34293 03042004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1161883 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BUCK, WILLIAM D DO NOT WRITE 2324 S TAMIAMI TRAIL VENICE, FL 33595 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) **\$5.00** May Be 9. Election Campaign Financing U00000095150 24704-80021-015 150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. VD une BUCK, WILLIAM D NAME 8040 MANASOTA KEY ROAD STREET ADDRESS ENGLEWOOD, FL CITY-ST-ZIP TITLE BUCK JR, WILLIAM D NAME 370-B THREE LAKES LANE STREET ADDRESS CITY-ST-ZIP VENICE, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 on truffice 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:

NAME STREET ADDRESS CRY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED