

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 419743

FILED
Mar 30, 2009
Secretary of State

Entity Name: SCOGGINS CHEVROLET BUICK, INC.

Current Principal Place of Business:

1424 N YOUNG BLVD
CHIEFLAND, FL 32626 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 920
CHIEFLAND, FL 32644 US

New Mailing Address:

FEI Number: 59-1466159 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOGGINS, NORMAN M PRES.
13440 NW 50TH AVENUE
CHIEFLAND, FL 32626 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: STD () Delete
Name: SCOGGINS, ANITA F STD
Address: 13440 NW 50TH AVENUE
City-St-Zip: CHIEFLAND, FL 32626 US

Title: PD () Delete
Name: SCOGGINS, NORMAN M PD
Address: 13440 NW 50TH AVENUE
City-St-Zip: CHIEFLAND, FL 32626 FL

Title: VPD () Delete
Name: SCOGGINS, VICTOR T VPD
Address: 12951 NW 60TH AVENUE
City-St-Zip: CHIEFLAND, FL 32626 US

Title: VPD () Delete
Name: SAKOWSKI, TERESA L VPD
Address: 5450 NW 135TH STREET
City-St-Zip: CHIEFLAND, FL 32626 US

Title: VPD () Delete
Name: PHILMAN, PAMELA A VPD
Address: 13551 NW 50TH AVENUE
City-St-Zip: CHIEFLAND, FL 32626 US

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:

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 exemption stated 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 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: TERESA L. S. SAKOWSKI

VPD

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date