

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 419743

FILED  
Mar 25, 2011  
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

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: SCOGGINS, ANITA F STD  
Address: 13440 NW 50TH AVENUE  
City-St-Zip: CHIEFLAND, FL 32626 US

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: TERESA L. S. SAKOWSKI

VPD

03/25/2011

Electronic Signature of Signing Officer or Director

Date