2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2004 8:00 am Secretary of State

DOCUMENT # 431448 1. Entity Name RONSONET BUICK-GMC TRUCK, INC.						03-22-2004 9	90049 019	***150	0.00
Principal Place		Mailing Address							
490 E DUVAL ST Lake City, FL 32055		P.O BOX 1446 Lake City, FL 32056			94033432				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03162004	Chg-P	CR2E034	(10/03)	
City & State		City & State			4. FEI Number 59-14843	377		\rightarrow	plied For t Applicable
Zíp	Country	Zip	Country		5. Certificate of	Status Desired		.75 Add	
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New Re	gistered Age	nt	
MODAVID	TERRY		Name	Nor	bie S.	Rons	nnet		
MCDAVID, TERRY 128 S HERNANDO ST. LAKE CITY, FL 32055			Street A	Street Address (P.O. Box Number is Not Acceptable)					
	.,. 2 32333								
			City	-ak	- 4		FL	Zip Code	
8. The above the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing its re	egistered office or	r registere	ed agent, or beth,	in the State of Flor	ida. I am fam	iliar with,	and accept
-	/ (1.		Nor	bie	S. Ray	sonet	31	8-04	1
SIGNATURE_	Signature, typed or printed name of registrated age	nt and title if applicable. (NOTE: F	Registered Agent signst	perinber eur	when reinstating)	13071.	DATE		<u> </u>
FIL	Signature. Speed or printed name of rogisties and applications. Speed of printed name of rogisties and applications. Speed of printed name of rogisties and applications. Speed of printed name of rogisties and applications.	9. Election Campaign	n Financing	\$5.	00 May Be ad to Fees	136271.0.1	DATE		
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12. Thereby 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 of 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.

GNATURE AND THE ON PRINCED NAME OF SIGNING OFFICER OR DIRECTOR