

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90012 025 \*\*\*150.00

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03172006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # 431448</b>					
1. Entity Name RONSONET BUICK-GMC TRUCK, INC.					
Principal Place of Business 490 E DUVAL ST LAKE CITY, FL 32055			Mailing Address P.O BOX 1446 LAKE CITY, FL 32056		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1484377	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RONSONET, NORBIE S 490 E. DUVAL ST. LAKE CITY, FL 32055			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RONSONET, NORBIE, J		NAME		
STREET ADDRESS	1247 SE INGLEWOOD AVE.		STREET ADDRESS		
CITY - ST - ZIP	LAKE CITY, FL 32025		CITY - ST - ZIP		
TITLE	1VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RONSONET, NORBIE, S		NAME		
STREET ADDRESS	489 NW SPRING HOLLOW BLVD.		STREET ADDRESS	2730 NW Brown Rd.	
CITY - ST - ZIP	LAKE CITY, FL 32055		CITY - ST - ZIP	LAKE CITY, FL 32055	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RONSONET, MITCHELL J.		NAME		
STREET ADDRESS	469 SW LAKEVIEW AVE.		STREET ADDRESS		
CITY - ST - ZIP	LAKE CITY, FL 32025		CITY - ST - ZIP		
TITLE	2VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RONSONET, MARTHA A		NAME		
STREET ADDRESS	1247 SE INGLEWOOD AVE.		STREET ADDRESS		
CITY - ST - ZIP	LAKE CITY, FL 32025		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing 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 receiver or trustee 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: <i>Norbie J. Ronsonet</i>			3-17-06 (386) 752-2180		
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)			Date Daytime Phone #		