2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 08:00 A
Secretary of State

DOCUMENT # 467060

1. Entity Name
RAHAL- MILLER CHEVROLET-BUICK, INC.

Principal Place of Business
4204 LAYFAYETTE ST
MARIANNA, FL 32446

Mailing Address
P.O. BOX 700
MARIANNA, FL 32447 US

01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1569518
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAHAL, QUEN
INDIAN SPRINGS.
MARIANNA, FL 32446

DO NOT WRITE 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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

000000864915
04/07/08-80006-019 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RAHAL, QUEN
STREET ADDRESS	INDIAN SPRINGS.
CITY-ST-ZIP	MARIANNA, FL
TITLE	S
NAME	RAHAL, ANN
STREET ADDRESS	INDIAN SPRINGS.
CITY-ST-ZIP	MARIANNA, FL
TITLE	VP
NAME	MILLER, RICKY-D
STREET ADDRESS	4532 RED OAK TRACE
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	AS
NAME	PETTIS, PENNY
STREET ADDRESS	1896 FIRETOWER RD
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #