2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 666158

Entity Name: SCOTT-MCRAE AUTOMOTIVE GROUP, INC.

FILED Mar 12, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
SUISTE 310	SIDE PARK PL) /ILLE, FL 3220						
Current Mailing Address:				New Mailing Address:			
SUITE 310	SIDE PARK PL /ILLE, FL 3220						
FEI Number:	59-1992210	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
LAWRENCE M. MATHENY JR & PAMELA L. WIKER 701 RIVERSIDE PARK PLACE SUITE 310 JACKSONVILLE, FL 32204 US				WIKER, PAMELA L 701 RIVERSIDE PARK PLACE SUITE 310 JACKSONVILLE, FL 32204 US			
The above in the State		Ibmits this statement for the pu	rpose o	f changing it	ts registered o	office or registered agent, or both,	
SIGNATUR	E: PAMELA L	. WIKER				03/12/2009	
	Electronic	Signature of Registered Agen	nt			Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CD () Delete MCRAE, WALTER A JR. 1725 MEMORIAL PARK DRIVE JACKSONVILLE, FL 32204			Title: Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	GRAHAM, HENR	PARK PLACE, SUITE 310		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MATHENY, LAWI	PARK PLACE, SUITE 310		Title: Name: Address: City-St-Zip:	CURRY, JEFFI	E PARK PLACE, SUITE 310	
Title: Name: Address: City-St-Zip:	HODGES, DAVID	PARK PLACE, SUITE 310		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LONG, WILLIAM	LORIDA AVENUE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VT () E	Pelete		Title: Name:	D (X GRAHAM, DIAN	() Change () Addition	

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: HENRY H. GRAHAM, JR. PD 03/12/2009