

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 821341

Entity Name: KEY BUICK COMPANY

FILED
Jan 19, 2004
Secretary of State

Current Principal Place of Business:

4660 SOUTHSIDE BLVD.
P. O. BOX 17639
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

4660 SOUTHSIDE BLVD.
P. O. BOX 17639
JACKSONVILLE, FL 322457639 US

New Mailing Address:

P. O. BOX 17639
JACKSONVILLE, FL 322457639 US

FEI Number: 94-1604663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PERRY, THOMAS W.
4660 SOUTHSIDE BLVD.
JACKSONVILLE, FL 32216

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVD () Delete
Name: PERRY, THOMAS W., JR.
Address: 10138 WHIPPDOR WILL
City-St-Zip: JACKSONVILLE, FL

Title: STD () Delete
Name: BURNETT, MAUREEN P
Address: 11007 CREEKVIEW DR
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MAUREEN P. BURNETT

ST

01/19/2004

Electronic Signature of Signing Officer or Director

_____ Date