


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 821341</b> 1. Entity Name <b>KEY BUICK COMPANY</b>	
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Principal Place of Business <b>4660 SOUTHSIDE BLVD. P. O. BOX 17639 JACKSONVILLE, FL 32216 US</b>	Mailing Address <b>P. O. BOX 17639 JACKSONVILLE, FL 32245-7639 US</b>
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01202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>94-1604663</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>PERRY, THOMAS W. 4660 SOUTHSIDE BLVD. JACKSONVILLE, FL 32216</b>
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**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVD PERRY, THOMAS W., JR 10138 WHIPPDOR WILL JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BURNETT, MAUREEN P 11007 CREEKVIEW DR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/27/05-80008-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby 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 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: Maureen P Burnett **MAUREEN P BURNETT** 1/21/05 (904) 565 2250  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #