

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 821341

Entity Name: KEY BUICK COMPANY

FILED
Oct 08, 2008
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:

P. O. BOX 17639
JACKSONVILLE, FL 322457639 US

New Mailing Address:

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 JR, THOMAS W
4660 SOUTHSIDE BLVD.
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

BURNETT, MAUREEN P PRES
4660 SOUTHSIDE BLVD.
JACKSONVILLE, FL 32216 US

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: MAUREEN P. BURNETT

10/08/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PVD () Delete
Name: PERRY JR, THOMAS W
Address: 13108 VIA ROMA CT
City-St-Zip: JACKSONVILLE, FL 32224

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BURNETT, MAUREEN P
Address: 4660 SOUTHSIDE BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: DIR (X) Change () Addition
Name: PERRY, THOMAS W
Address: 4660 SOUTHSIDE BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: SECT () Change (X) Addition
Name: POYTHRESS, GAYLA
Address: 4660 SOUTHSIDE BLVD
City-St-Zip: JACKSONVILLE, FL 32216

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: GAYLA POYTHRESS

SECT

10/08/2008

Electronic Signature of Signing Officer or Director

Date