


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000002867	
1. Entity Name SATURN RETAIL OF SOUTH FLORIDA, INC.	

Principal Place of Business SATURN OF WEST PALM BEACH 1220 N. MILITARY TR. WEST PALM BEACH, FL 33409	Mailing Address SATURN OF WEST PALM BEACH 1220 N. MILITARY TR. WEST PALM BEACH, FL 33409
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DO NOT WRITE IN THIS SPACE



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0838878	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000041482 02/09/04-80090-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLORY, MICHAEL L 42150 OCHO FOREST DR CANTON, MI 48188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, MICHAEL H 3318 PARTING BROOK CT CHARLOTTE, NC 28210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MURRAY, WILLIAM D 6957 N BALTUSROL LN CHARLOTTE, NC 28210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANIELS, ROLAND 1220 NORTH MILITARY TRAIL WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Michael H. Jones</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>2/6/04</u> <small>Date</small>	<u>304-554-4060</u> <small>Daytime Phone If</small>
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MICHAEL H. JONES