


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # F98000004098 1. Entity Name GALAXY BUICK, INC.	
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Principal Place of Business 354 NORTH BEACH STREET DAYTONA BEACH, FL 32114	Mailing Address P O BOX 1860 DAYTONA BEACH, FL 32115
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DO NOT WRITE IN THIS SPACE



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3522289	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331
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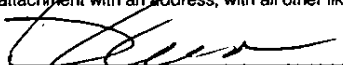
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000935390 05/23/08 80066 023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THIGPEN JR, ROBERT E 354 NORTH BEACH STREET DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCH, ANTHONY 354 NORTH BEACH STREET DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGE, ERNEST M 354 NORTH BEACH STREET DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LIVINGSTON, PATRICIA 354 NORTH BEACH STREET DAYTONA BEACH, FL
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 exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/28/08 <small>Date</small>	386.248-2350 <small>Daytime Phone #</small>