

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004098

Entity Name: GALAXY BUICK, INC.

FILED
Jan 13, 2009
Secretary of State

Current Principal Place of Business:

354 NORTH BEACH STREET
DAYTONA BEACH, FL 32114

New Principal Place of Business:

540 BALLOUGH RD
DAYTONA BEACH, FL 32114

Current Mailing Address:

P O BOX 1860
DAYTONA BEACH, FL 32115

New Mailing Address:

FEI Number: 59-3522289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

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: P () Delete
Name: THIGPEN JR, ROBERT E
Address: 354 NORTH BEACH STREET
City-St-Zip: DAYTONA BEACH, FL

Title: D () Delete
Name: MARCH, ANTHONY
Address: 354 NORTH BEACH STREET
City-St-Zip: DAYTONA BEACH, FL

Title: D () Delete
Name: HODGE, ERNEST M
Address: 354 NORTH BEACH STREET
City-St-Zip: DAYTONA BEACH, FL

Title: ST () Delete
Name: LIVINGSTON, PATRICIA
Address: 354 NORTH BEACH STREET
City-St-Zip: DAYTONA BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: THIGPEN JR, ROBERT E
Address: 540 BALLOUGH RD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D (X) Change () Addition
Name: MARCH, ANTHONY
Address: 540 BALLOUGH RD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D (X) Change () Addition
Name: HODGE, ERNEST M
Address: 540 BALLOUGH RD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: ST (X) Change () Addition
Name: LIVINGSTON, PATRICIA
Address: 540 BALLOUGH RD
City-St-Zip: DAYTONA BEACH, FL 32114

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: PATRICIA J LIVINGSTON

ST

01/13/2009

Electronic Signature of Signing Officer or Director

Date