

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005784

Entity Name: TAMPA BAY BUICK, INC.

FILED  
May 19, 2008  
Secretary of State

## Current Principal Place of Business:

9400 US 19 NORTH  
PINELLAS PARK, FL 33782

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 4357  
TROY, MI 48099

## New Mailing Address:

FEI Number: 59-3536510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SOLIMAN, ED L  
Address: 2242 AUSTIN  
City-St-Zip: TROY, MI 48083

Title: ST ( ) Delete  
Name: SCUSTER, VALERIE A  
Address: 100 RENAISSANCE CENTER  
City-St-Zip: DETROIT, MI 482651000

Title: D ( ) Delete  
Name: OLIVER, CLARENCE E  
Address: 100 RENAISSANCE CENTER  
City-St-Zip: DETROIT, MI 482651000

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ED L SOLIMAN

PRES

05/19/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date