

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90002 004 ***150.00

DOCUMENT # H92343 1. Entity Name PHILLIPS BUICK-PONTIAC-GMC TRUCK, INC.					
Principal Place of Business 3320 SOUTH US HWY 27/441 FRUITLAND PARK, FL 34731 US			Mailing Address 3320 SOUTH US HWY 27/441 FRUITLAND PARK, FL 34731 US		
2. Principal Place of Business - No P.O. Box # 2160 HWY 27/441 Suite, Apt. #, etc.		3. Mailing Address 2160 HWY 27/441 Suite, Apt. #, etc.			
City & State Fruitland Park, FL Zip 34731		City & State Fruitland Park, FL Zip 34731		4. FEI Number 59-1813149 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03032007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent PHILLIPS, LARRY M. 3320 SO US HWY 27/441 FRUITLAND PARK, FL 34731			7. Name and Address of New Registered Agent Name Larry m Phillips Street Address (P.O. Box Number is Not Acceptable) 2160 HWY 27/441 City Fruitland Park FL Zip Code 34731		
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  3/14/07 <small>Signature typed or printed name of registered agent and file # applicable (NOT: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, LARRY M. 3320 SO US HWY 27/441 FRUITLAND PARK, FL 34731	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Larry m Phillips 2160 HWY 27/441 Fruitland Park, FL 34731	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PHILLIPS, ROBERT W 3320 SOUTH US HWY 27/441 FRUITLAND PARK, FL 34731	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Robert W Phillips 2160 HWY 27/441 Fruitland Park, FL 34731	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty row for additions/changes)		
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:  3/14/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					