

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # M77357

1. Entity Name
DICK NORRIS BUICK PONTIAC GMC, INC.



Principal Place of Business
**30777 US 19 NORTH
PALM HARBOR, FL 34684**

Mailing Address
**30777 US 19 NORTH
PALM HARBOR, FL 34684**

DO NOT WRITE IN THIS SPACE

(M 7 7 3 5 7 ===== P)

01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2884363	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

**NORRIS, RICHARD
30777 U.S. 19 NORTH
PALM HARBOR, FL 34684**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000587683
01/17/07-80041-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NORRIS, DOUGLAS 30777 U.S. 19 NORTH PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORRIS, RICHARD 30777 U.S. 19 NORTH PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILKEY, TRUDY E 30777 U.S. 19 NORTH PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Trudy Gilkey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/07 *727 787-8663*
Date Daytime Phone #