


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # M77357	
1. Entity Name DICK NORRIS BUICK PONTIAC GMC, INC.	

Principal Place of Business 30777 U.S. 19 NORTH PALM HARBOR, FL 34684	Mailing Address 30777 U.S. 19 NORTH PALM HARBOR, FL 34684
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DO NOT WRITE IN THIS SPACE



01172008 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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
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10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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01/24/08-80033-002 150.00

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* **01/17/08** **787-787-8663**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #