## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000098508

Name:

Address: City-St-Zip: BUSET, MARGARET J

8781 S. LAKESHORE DR

FLORAL CITY, FL 34436

Entity Name: SAM'S AUTO MART, INC.

FILED Feb 26, 2008 Secretary of State

| •   |  | - · - · · · · · · · · · · · · · · · · · |   |   |  |
|---|--|---|---|---|--|
| Current P                                     | rincipal Place                                       | of Business:                            | New Principal Place                         | New Principal Place of Business:            |  |
| 4212 N. CARL G. ROSE HWY.                     |  |   |   |   |  |
| 4212-B<br>HERNANI                             | DO, FL 34442   |   |   |   |  |
|   | lailing Addres                                       | ss:                                     | New Mailing Address                         | New Mailing Address:                        |  |
| 4212 N. CARL G. ROSE HWY.<br>4212-B           |  |   |   |   |  |
|   | OO, FL 34442   |   |   |   |  |
| FEI Number                                    | : 65-1051201   | FEI Number Applied For ( )              | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )           |  |
| Name and Address of Current Registered Agent: |  |   | Name and Address o                          | Name and Address of New Registered Agent:   |  |
| The above                                     | e of Florida.  |   | e purpose of changing its registered        | d office or registered agent, or both,      |  |
| 0.0   |  | nic Signature of Registered A           | Agent                                       | Date  |  |
| Election Car                                  | mpaign Financin                                      | g Trust Fund Contribution ( ).          |   |   |  |
| OFFICERS AND DIRECTORS:                       |  |   | ADDITIONS/CHANGI                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | P (<br>BUSET, JOSEF<br>7544 S. BOBO<br>FLORAL CITY,  | AT PT.                                  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                     |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VP (<br>TAROMINO, SA<br>8781 S LAKES<br>FLORAL CITY, | HORE DRIVE                              | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                     |  |
| Title:  | D (  | ) Delete                                | Title:                                      | ( ) Change ( ) Addition                     |  |

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARGARET J. BUSET MJB 02/26/2008