

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000030177

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** SATURN OF PORT RICHEY, INC.

**Current Principal Place of Business:**

11613 U.S. HIGHWAY 19 NORTH  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8510  
CLEARWATER, FL 337588510

**New Mailing Address:**

27758 US HWY 19 N  
CLEARWATER, FL 33761

**FEI Number:** 59-3313794

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LOKEY, PAUL B  
27758 US HWY 19 N.  
CLEARWATER, FL 33761 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

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** LOKEY, PAUL B  
**Address:** 839 BAY ESPLANADE  
**City-St-Zip:** CLEARWATER, FL 33767

**Title:** SEC  
**Name:** LOKEY, PAUL B  
**Address:** 839 BAY ESPLANADE  
**City-St-Zip:** CLEARWATER, FL 33767

**Title:** TRES  
**Name:** LOKEY, PAUL B  
**Address:** 839 BAY ESPLANADE  
**City-St-Zip:** CLEARWATER, FL 33767

I hereby 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 all other like empowered.

**SIGNATURE:** PAUL LOKEY

PRES

03/16/2011

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

\_\_\_\_\_  
Date