

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000007894

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: SATURN OF ST. PETERSBURG, INC.

**Current Principal Place of Business:**

6500 US HIGHWAY 19 NORTH  
PINELLAS PARK, FL 33781

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8510  
CLEARWATER, FL 337588510

**New Mailing Address:**

FEI Number: 59-3432099

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 NO  
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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC ( ) Change (X) Addition  
Name: LOKEY, PAUL B  
Address: 839 BAY ESPLANADE  
City-St-Zip: CLEARWATER, FL 33767

Title: TRES ( ) Change (X) Addition  
Name: LOKEY, PAUL B  
Address: 839 BAY ESPLANADE  
City-St-Zip: CLEARWATER, FL 33767

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.

SIGNATURE: PAUL LOKEY

PRES

04/01/2009

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

\_\_\_\_\_  
Date