

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90109 003 ***158.75

DOCUMENT # P99000032319
 1. Entity Name
 BUCHANAN AUTOMOTIVE HOLDINGS, INC.



Principal Place of Business: 707 S WASHINGTON BOULEVARD, SARASOTA, FL 34236
 Mailing Address: 707 S WASHINGTON BOULEVARD, SARASOTA, FL 34236

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip: Country

- 6. Name and Address of Current Registered Agent

TOSCH, JOHN
 C/O SARASOTA FORD
 707 S WASHINGTON BLVD
 SARASOTA, FL 34236

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | | |
|-----------------|----------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | BUCHANAN, VERNON G | |
| STREET ADDRESS | 707 S WASHINGTON BOULEVARD | |
| CITY - ST - ZIP | SARASOTA, FL 34236 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | NARVAEZ, CHRISTOPHER R | |
| STREET ADDRESS | 707 S WASHINGTON BLVD | |
| CITY - ST - ZIP | SARASOTA, FL 34236 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------|------------------------|---|
| TITLE | JPS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | John Tosch | |
| STREET ADDRESS | 707 S. WASHINGTON BLVD | |
| CITY - ST - ZIP | SARASOTA FL 34236 | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Steve Hitman | |
| STREET ADDRESS | 707 S. WASHINGTON BLVD | |
| CITY - ST - ZIP | SARASOTA FL 34236 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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: [Signature] J.P.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-18-06
 Date

Daytime Phone #: 941 552 4223
 Daytime Phone #



01192006 Chg-P CR2E034 (11/05)

4. FEI Number: 65-0910926 Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____