

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90030 019 ***150.00

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**

20006582



2. Principal Place of Business - No P.O. Box #

**50 Central Ave. Suite 900
Sarasota, FL 34236**

3. Mailing Address

**50 Central Ave. Suite 900
Sarasota, FL 34236**

02202007 Chg-P CR2E034 (12/06)

City & State

4. FEI Number
65-0910926

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
**50 Central Ave. Suite 900
Sarasota, FL 34236**

ceptable)

City

FL

Zip Code

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, 2007 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
NAME BUCHANAN, VERNON G ☐ Delete
STREET ADDRESS 707 S WASHINGTON BOULEVARD
CITY-ST-ZIP SARASOTA, FL 34236

TITLE T
NAME HATEMAN, STEVE ☐ Delete
STREET ADDRESS 707 S WASHINGTON BLVD
CITY-ST-ZIP SARASOTA, FL 34236

TITLE VPS
NAME TOSCH, JOHN ☐ Delete
STREET ADDRESS 707 S WASHINGTON BLVD
CITY-ST-ZIP SARASOTA, FL 34236

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **50 Central Ave. Suite 900** ☐ Change ☐ Addition
STREET ADDRESS **Sarasota, FL 34236**
CITY-ST-ZIP

TITLE
NAME **Steve Hiteman** ☐ Change ☐ Addition
STREET ADDRESS **50 Central Ave. Suite 900**
CITY-ST-ZIP **Sarasota, FL 34236**

TITLE
NAME **50 Central Ave. Suite 900** ☐ Change ☐ Addition
STREET ADDRESS **Sarasota, FL 34236**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #