


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000109934							
1. Entity Name DARBY SOUTH BUICK-PONTIAC-GMC, INC.							
Principal Place of Business 1455 S. TAMiami TRAIL VENICE FL 34285		Mailing Address 1455 S. TAMiami TRAIL VENICE FL 34285					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 65-1120480			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
ICARD, MERRILL, ET. AL. ATTN: F. THOMAS HOPKINS 2033 MAIN STREET #600 SARASOTA FL 34237			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	C. CONRAD DARBY III		NAME	U00000028803 02/04/04-80041-004 158.75			
STREET ADDRESS	5170 S. TAMiami TRAIL		STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34231		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DARBY-CROSS, MELISSA		NAME				
STREET ADDRESS	5170 S. TAMiami TRAIL		STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34231		CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FROST, SCOTT F		NAME				
STREET ADDRESS	1455 S. TAMiami TRAIL		STREET ADDRESS				
CITY-ST-ZIP	VENICE FL 34285		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WELLS, ROBIN J		NAME				
STREET ADDRESS	1455 S. TAMiami TRAIL		STREET ADDRESS				
CITY-ST-ZIP	VENICE FL 34285		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DELMORO, SANDRA M		NAME				
STREET ADDRESS	5170 S TAMiami TRAIL		STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34231		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robin J Wells Secretary 1-27-04 941-488-3667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #