


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000109934
1. Entity Name
DARBY SOUTH BUICK-PONTIAC-GMC, INC.



Principal Place of Business Mailing Address
1455 S. TAMiami TRAIL **1455 S. TAMiami TRAIL**
VENICE, FL 34285 **VENICE, FL 34285**

DO NOT WRITE IN THIS SPACE



02232005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1120480	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ICARD, MERRILL, ET. AL
ATTN: F. THOMAS HOPKINS
2033 MAIN STREET #600
SARASOTA, FL 34237

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD C. CONRAD DARBY III 5170 S. TAMiami TRAIL SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DARBY-CROSS, MELISSA 5170 S. TAMiami TRAIL SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FROST, SCOTT F 1455 S. TAMiami TRAIL VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WELLS, ROBIN J 1455 S. TAMiami TRAIL VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DELMORO, SANDRA M 5170 S TAMiami TRAIL SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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75-23705-20054-005 158.75

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 Robin J Wells 2-23-05 941-488-3669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #