

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# S04890

FILED
Oct 06, 2008
Secretary of State

Entity Name: SATURN OF CLEARWATER, INC.

Current Principal Place of Business:

2339 GULF-TO-BAY BLVD.
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8510
CLEARWATER, FL 337588510

New Mailing Address:

FEI Number: 59-3030177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

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 B. LOKEY

PRES

10/06/2008

Electronic Signature of Signing Officer or Director

Date