2005 FOR PROFIT CORPORATION

FILED r 23, 2005 08:00 AM Secretary of State

\$8.75 Additional Fee Required

Applied For Not Applicable

ANNUA	Mar 23, 2005 08:0			
DOCUMENT # J46212 1. Entity Name EAGLE-BUICK-GMC TRUCK, INC			Sec	cretary of Sta
Principal Place of Business 1275 S SUNCOAST BLVD PO BOX 491907 HOMOSASSA, FL 34448 US	Mailing Address % LARRY M. PHILLIPS PO BOX 491907 LEESBURG, FL 34749-1907	US	 	AN BERKI ALAN ANDK BEDIK DIANINDI LI IDAL
		a Filmonia	03052005 No Chg-P	CR2E034 (10/03)
DO NOT WHIT	E IN THIS SPA	UE Maria in the second	4. FE) Number 59-2746233	Applied For Not Applica
		<u> </u>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Curr	ent Registered Agent			
PHILLIPS, LARRY M. 3320 SO US HWY 27/441 FRUITLAND PARK, FL 34731			DO NOT WE	

DO	NOT	WRITE	
IN	THIS	SPACE	

3320 SO US HWY 27/441 FRUITLAND PARK, FL 34731			IN THIS SPACE			
	ions of registered agent.		office or reg	istered agent, or both	n, in the State of Florida. I am familiar with, and accept	
	Signature, typod or printed name of registered agent and title	if applicable (NOTE, Registored As	gent signature rec	quired when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financir Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			The state of the s	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PHILLIPS, LARRY M. 3320 SO US HWY 27/441 FRUITLAND PARK, FL 34731			and the second s	1800ng0323507	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PHILLIPS, ROBERT W 1275 S.SUNCOAST BLVD HOMOSASSA, FL 34448	-			U00000273587 03/23/05-80034-016 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the cor changed.	certify that the information supplied with this fi on this report or supplemental report is true poration or the receiver or tustiee empowere or on an attachment with an address, with al	iling does not qualify for the exemp and accurate and that my signature d to execute this report as required Il other like empowered.	otion stated it e shall have d by Chapter	n Section 119.07(3)(i) the same legal effect 607, Florida Statutes	n, Florida Statutes. I further certify that the information as if made under oath, that I am an officer or director and that my name appears in Block 10 or Block 11 if	