
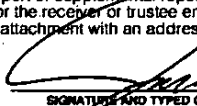


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90289 046 ****61.25

DOCUMENT # 731575							
1. Entity Name FLORIDA AUTO DISMANTLERS AND RECYCLERS ASSOCIATION, INC.							
Principal Place of Business 1133 WEST MORSA BLVD SUITE 201 WINTER PARK, FL 32789			Mailing Address 1133 WEST MORSA BLVD SUITE 201 WINTER PARK, FL 32789				
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 51-0189513				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CROW-SEGAL, PAT % CROW-SEGAL MANAGEMENT CO, INC 1133 W. MORSE BLVD., STE. 201 WINTER PARK, FL 32789			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 reappointing)</small>							
Filing Fee is \$61.25 Due by May 1, 2005		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 10					
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	DAMRON, LENNY	NAME	BUTLER, JIM				
STREET ADDRESS	PO BOX 2349 N/A	STREET ADDRESS	6401 N. PALAFOX STREET				
CITY-ST-ZIP	CRYSTAL RIVER, FL	CITY-ST-ZIP	PENSACOLA, FL 32503				
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	RUTHERFORD, BRAD	NAME					
STREET ADDRESS	324 RECKER HWY	STREET ADDRESS					
CITY-ST-ZIP	AUBERNDALE, FL 33823	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	EUBANKS, BOB	NAME					
STREET ADDRESS	1932 N. LANE AVENUE	STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE, FL	CITY-ST-ZIP					
TITLE	PPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	LEBLANC, KEITH	NAME					
STREET ADDRESS	1090 REED CANAL ROAD	STREET ADDRESS					
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	CITY-ST-ZIP					
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	EKASALA, MARC	NAME	THOMPSON, TERRY				
STREET ADDRESS	13060 CAIRO LANE	STREET ADDRESS	PO BOX 930 N/A				
CITY-ST-ZIP	OPA LOCKA, FL 33054	CITY-ST-ZIP	LAKE PLACID, FL 33862				
TITLE	PD <input type="checkbox"/> Delete	TITLE	PPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	GAGEL, MIKE	NAME	GAGEL, MIKE				
STREET ADDRESS	6701 78TH ST	STREET ADDRESS	6701 78TH STREET				
CITY-ST-ZIP	RIVERVIEW, FL 33589	CITY-ST-ZIP	RIVERVIEW, FL 33569				
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 617, 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 employees.							
SIGNATURE: 		JIM BUTLER 4-18-05 850-474-9300					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #					

20042239



04062005 Chg-NP CR2E037 (10/03)

FL