


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000008919
 1. Entity Name
MID FLORIDA CORVETTE CLUB INC.



Principal Place of Business Mailing Address
3300 OSAGE CT. **3300 OSAGE CT.**
ST. CLOUD, FL 34769 US **ST. CLOUD, FL 34769 US**

DO NOT WRITE IN THIS SPACE



02072006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
01-0661957 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GARDNER, LORETTA
3300 OSAGE CT.
ST. CLOUD, FL 34769

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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 reinstalling)

Filing Fee is \$61.25
Due by May 1, 2006

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

1000000462309
 03/21/06-80054-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMILL, JEFF 991 SHORE DR. KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAWRENCE, CHRIS 1313 PAPERWOODS DRIVE ST. CLOUD, FL 34770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARDNER, LORETTA 3300 OSAGE CT. ST. CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CROSS, JOSEPH 1232 NORTH SHORE DRIVE ST. CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.

SIGNATURE: Joseph Cross **JOSEPH CROSS** Date: 2/4/06 Division File # 407957-9400