

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90094 024 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N43705

1. Entity Name
CLASSIC CAMARO OF CENTRAL FLORIDA INC.



Principal Place of Business
**1779 S ORANGE BLOSSOM TRAIL
APOPKA, FL 32703 US**

Mailing Address
**1779 S ORANGE BLOSSOM TRAIL
APOPKA, FL 32703 US**



04102004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3023292

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~NEVILLE, GARY~~ **Allan Albee**
~~1025 COUNTRY COVE COURT~~ **720 N. Forsyth Rd.**
~~OVIEDO, FL 32766~~ **Orlando, FL 32807**

**DO NOT WRITE
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

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

DATE

4/17/04

**Filing Fee is \$61.25
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME ~~NEVILLE, GARY~~ **Allan Albee**
STREET ADDRESS ~~1025 COUNTRY COVE CT.~~ **720 N. Forsyth Rd.**
CITY-ST-ZIP ~~OVIEDO, FL 32766~~ **Orlando, FL 32807**

TITLE **VD**
NAME ~~TOLMASOFF, SEAN~~ **John Russell**
STREET ADDRESS ~~2703 SHANNIN DR.~~ **665 Smokerise Blvd.**
CITY-ST-ZIP ~~SAINT CLOUD, FL 34711~~ **Longwood, FL 32779**

TITLE **DS**
NAME ~~WELLONS, GEORGIA~~ **Richard Stephens**
STREET ADDRESS ~~PO BOX 574975~~ **3112 Denham Ct.**
CITY-ST-ZIP ~~ORLANDO, FL 32867~~ **Orlando, FL 32825**

TITLE **DT**
NAME **SWOBODZIEN, DOLORES**
STREET ADDRESS **1522 BALMY BEACH DR**
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-04

Date

40880-8221

Daytime Phone #