2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# N47910

Entity Name: SUN 'N FUN VETTES, INC.

Current Principal Place of Business:

17319 SIMMONS RD
LUTZ, FL 33548 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 272311
TAMPA, FL 33688 US

New Mailing Address:

FEI Number: 59-3112050 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLINE, STEVE
17319 SIMMONS RD
LUTZ, FL 33549 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: VPD ( ) Delete
Name: RANAHAN, DEBRA
Address: 14112 FENNSBURY DR.
City-St-Zip: TAMPA, FL 33624

Title: P ( ) Delete
Name: LARUE, MIKE
Address: 2437 COLONEL FORD RD
City-St-Zip: LAKELAND, FL 33813

Title: TD ( ) Delete
Name: GLUCK, DAVID
Address: 7700 BOUQUET CT.
City-St-Zip: LAND O LAKES, FL 34637

Title: S ( ) Delete
Name: KLINE, CAY
Address: 17319 SIMMONS RD
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: CLAYTON, BILL
Address: 3911 LITTLE EGRET COURT
City-St-Zip: TAMPA, FL 33558

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: NEWMAN, CANDY
Address: 8821 ROBERTS ROAD
City-St-Zip: ODESSA, FL 33556

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID GLUCK TD 02/23/2009

Electronic Signature of Signing Officer or Director — Date