2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000001812

1. Entity Name

FILED Jul 12, 2004 8:00 am Secretary of State 07-12-2004 90013 019 ****61.25

| CLASIC (| CRUISERS OF OCALA FLA | . INC. | 16 | | 7. 1 | | | | | |
|----------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------|--------------------------------|---------------------------------|-----------------------------|--|
| | 1 | | ' | To the state of th | | | | | | |
| 4720 SE 145TH ST. PO B | | Mailing Address PO BOX 561 SILVER SPRINGS, FL 3 | · - | | | 44047829 | | | | |
| | | | | | | | | | | |
| 2. Principal Place of Business 3 | | 3. Mailing Address | Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 07012004 | Chg-NP | CR2E03 | 7 (10/03) | | |
| City & State | | City & State | | | 4. FEI Numbe 59-3189 | | | | oplied For ot Applicable | |
| Zip | Country | Zip | Count | try | 5. Certificate of Status Desire | | \$8.75 Additional Fee Required | | | |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name and | Address of New | Registered A | gent | | |
| HAMEED | CTEDUEN | | | Name - | | | | | | |
| 4720 SE 1 | STEPHEN 45TH ST. FIELD, FL 34491 | | | Street Address | P.O. Box Number is Not Acceptable) | | | | | |
| | | | | City | | | FL | Zip Code | e | |
| 0 The elect | | 4 | | | | | | 10 | | |
| | named entity submits this statement for tions of registered agent. | the purpose of changing its | s registered | onice or regist | ered agent, or both | n, in the state of F | ronda, ram e | rrmat wist. | апо ассер: | |
| SIGNATURE . | Signature, typed or printed name of registered agent | and title if applicable (NOT | E: Registered A | igent signature requir | ed when re-instating) | | DATE | ; | | |
| D | Filing Fee is \$61.25 ue by September 8, 2004 | 9. Election Car Trust Fund (| | | \$5.00 May Bo Added to Fees | 1000000000000000000000000000000000000 | Make check Irida Depart | Table to grade the state of the | | |
| 10. | OFFICERS AND DIF | IECTORS | 11. | | ADDITIONS/CHA | NGES TO OFFIC | ERS AND DIR | ECTORS IN | 10 | |
| TITLE | P/D | >1.53€ Detete | TITLE | P/ | 'D | | | Change | ☐ Addition | |
| NAME | BURCHETT, JIM | | NAME | CAI | VTRELL, L | LOYD | | | | |
| STREET ADDRESS | 16738 SE 63 L'ANE | | | | 50 SE 173 | | | | | |
| CrTY-ST-ZiP | OCKLAWAHA, FL 32179 | | CITY-SI | -51 | <u>lver Spri</u> | ngs, FL | <u> 34488</u> | | | |
| TITLE | VPD | XX Delete | TITLE | VPI | | | | Change | ☐ Addition | |
| NAME STREET ADDRESS | CANTRELL, LLOYD 2360 SE 173RD COURT | | NAME | | RT VOGEL | - 0.4 | | | | |
| CITY+ST-ZIP | SILVER SPRINGS, FL 34488 | | City-Si | 1 100 | 330 NE C. Lver Spri | | 3448 | 2 | | |
| TITLE | T/D | ☐ Delete | TITLE | -31 | FAGT Spil | ugs, ru | 2-4-40 | ☐ Change | ☐ Addition | |
| NAME | CANTRELL, JUDY | L Delice | NAME | | | | | | | |
| STREET ADDRESS. | 2360 SE 173RD COURT | والمراجع المستعدد المستعدد المستعدد | STREET | ADDRESS | ٠ - | | | | | |
| C:TY-ST-ZIP | SILVER SPRINGS, FL 34488 | | CITY-SI | T- ZIP | | | | | , | |
| TITLE | SD | ☐ Defete | TITLE | , | | | | Change | ☐ Addition | |
| NAME | VOGEL, THERESA | | NAME | | | | | | | |
| STREET ADDRESS | 10830 NE HWY 314 | | | ADDRESS . | | | | | | |
| CITY-ST-ZIP | SILVER SPRINGS, FL 34488 | | CITY-ST | 1-211 | | | | | | |
| TITLE | 1 | Delete | TITLE | | • | | • | Change | ☐ Addition | |
| NAME Street Address | - | | NAME | AUDRESS . | | | | | | |
| CITY-ST-ZIP | ı | | CITY-ST | | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | | ☐ Change | Addition | |
| NAME 1 | P=4 | □ Delete | NAME | | | | | | | |
| STREET ADDRESS | | | | ADDRESS | | • | | | ŀ | |
| CITY-ST-ZIP | n n | | CITY-ST | | ** | . * | | | Ì | |
| 12. Thereby | certify that the information supplied with | this filling does not qualify for | r the exemi | ption stated in S | Section 119.07(3)(i |), Florida Statutes | . I further certi | y that the ir | nformation | |
| indicated | on this report or supplemental report is poration or the receiver or trustee emporation | true and accurate and that r | my signatur | e shall have the | e same legal effect | as if made under | oath; that I as | n an officer | or director | |

changed, or on an attachment with an address, with all other like empowered

Judy Cantrell T/D SIGNATURE:

(352)625-2994