

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90021 021 ****61.25

DOCUMENT # N93000001812	
1. Entity Name CLASIC CRUISERS OF OCALA FLA. INC.	

Principal Place of Business 4720 SE 145TH ST. SUMMERFIELD, FL	Mailing Address PO BOX 561 SILVER SPRINGS, FL 34489-0561 US
---	---

50015424



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02082005 Chg-NP CR2E037 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 59-3189992	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent HAWTER, STEPHEN 4720 SE 145TH ST. SUMMERFIELD, FL 34491	7. Name and Address of New Registered Agent 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANTRELL, LLOYD 2360 SE 173RD COURT SILVER SPRINGS, FL 34488 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jeff Stone 12480 N.E. 135th St. Ft. Mc Coy, Fl. 32134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VOGEL, KURT 10830 NE CR 314 SILVER SPRINGS, FL 34488 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Barbara Warren 2260 S.E. 177th Ave. Silver Springs, Fl. 34488 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VOGEL, THERESA 10830 NE HWY 314 SILVER SPRINGS, FL 34488 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Barbara Warren *Barbara Warren* 2/12/05 625-2755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Area Code 352-