2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N93000001812

Entity Name: CLASIC CRUISERS OF OCALA FLA. INC.

Current Principal Place of Business:

4720 SE 145TH ST.
SUMMERFIELD, FL

New Principal Place of Business:

Current Mailing Address:

PO BOX 561
SILVER SPRINGS, FL 344890561 US

New Mailing Address:

FEI Number: 59-3189992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAWTER, STEPHEN
4720 SE 145TH ST.
SUMMERFIELD, FL 34491 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: PD ( ) Delete
Name: CANTRELL, LLOYD
Address: 2360 S.E. 173RD COURT
City-St-Zip: SILVER SPRINGS, FL 34488

Title: VD ( ) Delete
Name: VOGEL, KURT
Address: 10830 NE CR 314
City-St-Zip: SILVER SPRINGS, FL 34488

Title: T/D ( ) Delete
Name: WARREN, BARBARA
Address: 2260 S.E. 177TH AVE.
City-St-Zip: SILVER SPRINGS, FL 34488

Title: SD ( ) Delete
Name: VOGEL, THERESA
Address: 10830 NE HWY 314
City-St-Zip: SILVER SPRINGS, FL 34488

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CANTRELL, JERRY
Address: 17621 S.E. 19TH PLACE
City-St-Zip: SILVER SPRINGS, FL 34488

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

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

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

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: BARBARA WARREN T/D 04/02/2009

Electronic Signature of Signing Officer or Director — Date