

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001812

FILED  
Feb 26, 2012  
Secretary of State

**Entity Name:** CLASIC CRUISERS OF OCALA FLA. INC.

**Current Principal Place of Business:**

4720 SE 145TH ST.  
SUMMERFIELD, FL 34491 US

**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  
Name: RODGERS, JIM  
Address: 10796 N.E 142ND PLACE  
City-St-Zip: FT. MC COY, FL 32134 US

Title: VD  
Name: CANTRELL, JARED  
Address: 17621 S.E 19TH PL.  
City-St-Zip: SILVER SPRINGS, FL 34488 US

Title: T/D  
Name: CAMPBELL, BETH  
Address: 1765 S.E. 175TH TER  
City-St-Zip: SILVER SPRINGS, FL 34488 US

Title: SD  
Name: EWING, PATRICA  
Address: 16390 N.E. 136TH COURT  
City-St-Zip: FORT MC COY, FL 32134 US

I hereby 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 all other like empowered.

SIGNATURE: BETH CAMPBELL

T/D

02/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date