


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 28, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90002 032 \*\*\*\*61.25

<b>DOCUMENT # N94000001757</b>			
1. Entity Name SPRING HILL MUSCLE CAR CLUB OF FLORIDA, INC.			
Principal Place of Business 4287 BELLEAIRE DR SPRING HILL, FL 34607 US		Mailing Address 4287 BELLEAIRE DR SPRING HILL, FL 34607 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3277572		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NICOLAI, JOE 4287 BELLEAIRE DR SPRING HILL, FL 34607		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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP PATERNITI, FRANK <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3401 CULBREATH RD	NAME	
STREET ADDRESS	BROOKSVILLE, FL 34601	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DT NICOLAI, JOE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4287 BELLAIRE DR	NAME	
STREET ADDRESS	SPRING HILL, FL 34607	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DV SOREL, PATTY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9141 S GREEN TERRACE	NAME	
STREET ADDRESS	HOMOSASSA, FL 34445	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DVP SOARL, WILLIAM <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9141 S GREEN TERRACE	NAME	Tara Tucker
STREET ADDRESS	HOMOSASSA, FL 34445	STREET ADDRESS	2349 waterfall Dr
CITY-ST-ZIP		CITY-ST-ZIP	Spring Hill, FL 34608
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <u>J Nicolai</u>		Date: <u>7/23/04</u> 352-596-2306	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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