



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90058 017 ****61.25

DOCUMENT # N26320 1. Entity Name VINTAGE VEHICLES OF FLORIDA, INC.					
Principal Place of Business 4290 PONDAPPLE DR. TITUSVILLE, FL 32796 US			Mailing Address P. O. BOX 952 TITUSVILLE, FL 32781-0952 US		
2. Principal Place of Business 3807 PARADISE DR Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 952 Suite, Apt. #, etc.			
City & State COCOA FL		City & State TITUSVILLE FL		4. FEI Number 59-2938208	
Zip 32926		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMART, DAVID A 1280 NORTH CARPENTER TITUSVILLE, FL 32796			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>David A. Smart</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u><i>FEB 15 2005</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD SYMON, MICHAEL 1590 THOMAS ST. TITUSVILLE, FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MESSEMER, JOHN 6436 DANE AVE. COCOA, FL 32927	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO SUE FITZPATRICK 3330 ANAHEIM ST 3330 GRANTLINE RD BOCA RATON, FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOVICK, JOHN 4816 ARCHER AVE. TITUSVILLE, FL 32796	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RYAN FONTAINE 7863 APPENDIX POST ST JOHN FL 32927	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARNOLD, CRYSTAL 4290 PONDAPPLE DR. TITUSVILLE, FL 32796	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERBERT DYAL 3807 PARADISE DR COCOA FL 32926	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAGGS, TOM 3620 CANAVERAL GROVES BLVD. COCOA, FL 32926	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMART, DAVID 1280 NORTH CARPENTER TITUSVILLE, FL 32796	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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><i>John A. Smart</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>FEB 15 2005</i></u> 321 269 5800 <small>Daytime Phone #</small>		