


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N18060</b> 1. Entity Name CLASSIC CRUISERS CAR CLUB, INC.	
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Principal Place of Business 11348 MONETVISTA RD. CLERMONT, FL 34711 US	Mailing Address 11348 MONETVISTA RD. CLERMONT, FL 34711 US
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**DO NOT WRITE IN THIS SPACE**



04042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2755063	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

MADELINE, JOSEPH  
11348 MONTEVISTA RD.  
CLERMONT, FL 34711

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000907757 05/06/08-80001-002 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	PVPD MADELINE, JOSEPH E 11348 MONTEVISTA RD. CLERMONT, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD GRUBER, CHUCK 7961 NORMANDY ST MIRIMAR, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD PULLEN, JIM 10915 NW 20 DRIVE CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Joseph E. Madeline 4-15-08 352-479-9239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #