2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #706372

1. Entity Name

ORLANDO ZONE CHRYSLER/PLYMOUTH/JEEP DEALER ADVERTISING ASSOCIATION, INC.



Mar 14, 2008 08:00 AN Secretary of State

FILED

Principal Place of Business

256 HWY 17 NORTH PALATKA, FL 32177 Mailing Address

4 BRADLEY PARK CT STE 120 COLUMBUS, GA 31904



03102008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-1085598

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

Name and Address of Current Registered Agent

BECK, CARL 256 HWY 17 NORTH PALATKA, FL 32177

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| | named entity submits this statement for the putions of registered agent | rpose of changing its registered | d office or registered agent, or bo | th, in the State of Florida. I am familiar with | , and accept | |
|--|---|--|-------------------------------------|---|--------------|--|
| SIGNATURE Signature, typed or printed name of registered agent and bite if applicable (NOTE Registered Agent signature required when reinstating). | | | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2008 | Election Campaign Finance Trust Fund Contribution. | sing \$5.00 May Be Added to Fees | U00000857877 04/01/08-80021-021 6 | 31.25 | |
| 10. OFFICERS AND DIRECTORS | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GALEANA, JR., FRANK 14375 TAMIAMI TRAIL FORT MYERS, FL 33912 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BECK, CARL 256 HWY 17 NORTH PALATKA, FL 32177 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WELLS, STANLEY 1600 US HIGHWAY 27 SOUTH AVON PARK, FL 33825 | | / DO | NOTWRITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HELPHENSTINE, R.B. 1801 TAMIAMI TRAIL PUNTA GORDA, FL 33950 | | N Section 1 | THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FIRKINS, BOB 2700 FIRST STREET BRADENTON, FL 34208 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KEFFER, RICK 464037 STATE RD. 2000 YULEE, FL. 32097 | i | | | | |

12. I hereby certify that the information supplied with this filling 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 accurage and that my fignature 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:

SIGNATURE AND TYPED OR FIDNTED NAMP OF BIGNING OFFICER OR DIRECTO

12 mm OB 239 YBCGOO