


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 713569 1. Entity Name CLEARWATER AUTOMOBILE DEALERS ASSOCIATION, INC.	
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Principal Place of Business PO BOX 5012 CLEARWATER, FL 33758 US	Mailing Address PO BOX 5012 CLEARWATER, FL 33758 US
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DO NOT WRITE IN THIS SPACE



01302008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1936411	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BAXTER, JAMES A.
BAXTER & RINARD, P.A.
220 SOUTH GARDEN AVE.
CLEARWATER, FL**

**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 _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZARALBAN, RUSSELL 21154 US 19 N CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MUELLER, RON 13525 US 19 N CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PILATO, SAM 25485 US 19 N CLEARWATER, FL 33763
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02/26/08-80101-022 61.25

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:  **2/1/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #