



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90142 004 ****61.25

DOCUMENT # 731898 1. Entity Name LAKELAND AUTOMOBILE DEALERS ASSOCIATION, INC.					
Principal Place of Business 1405 WINDEMERE AVENUE P.O. BOX 2335 LAKELAND, FL 33803			Mailing Address 1405 WINDEMERE AVENUE P.O. BOX 2335 LAKELAND, FL 33803		
2. Principal Place of Business 807 Whitestone Ct. Suite, Apt. #, etc. P.O. Box 2335		3. Mailing Address 807 Whitestone Ct. Suite, Apt. #, etc. P.O. Box 2335			
City & State _____		City & State _____		07132006 Chg-NP CR2E037 (4/06)	
Zip _____		Zip _____		4. FEI Number 59-0182685	
Country _____		Country _____		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 TRUEBLOOD, SUZANNE P. 1405 WINDEMERE AVENUE LAKELAND, FL 33803	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 807 Whitestone Ct. _____ City Lakeland				FL Zip Code 33803	
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>Suzanne P. Trueblood</i></u> <u><i>Suzanne P. Trueblood</i></u> <u>7-13-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		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	D HOLLEY, MICHAEL 1025 US 98 SOUTH LAKELAND, FL	<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	V CAMPISI, SAL J 2615 LAKELAND HILLS BLVD LAKELAND, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENKINS, JAMES F 941 E. MAIN ST. LAKELAND, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNON, TERRY 5210 S. FLA AVE LAKELAND, FL	<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 BRYAN, JAMES R JR 2335 US 98 N LAKELAND, FL 33801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Marcy Mutz-Wickenkamp 1430 W. Memorial Blvd. Lakeland, FL 33815	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOHERTY, CHRIS 1200 W MEMORIAL BLVD LAKELAND, FL 33801	<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 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: <u><i>Marcy Mutz-Wickenkamp</i></u> <u>7-13-06</u> <u>863-682-1102</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> marcy mutz-wickenkamp					