

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739121

FILED
Mar 19, 2007
Secretary of State

Entity Name: SPACE COAST 'VETTES, INC.

Current Principal Place of Business:

PO BOX 360438
MELBOURNE, FL 32936

New Principal Place of Business:

1382 BUFFING CIR SE
PALM BAY, FL 32909

Current Mailing Address:

PO BOX 360438
MELBOURNE, FL 32936

New Mailing Address:

FEI Number: 59-2923289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, PAUL J
1382 BUFFING CIE SE
PALM BAY, FL 329096523 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: GOVD () Delete
Name: DAVIS, JIM
Address: 200 MARTESIA WAY
City-St-Zip: SATELLITE BEACH, FL 32937

Title: PPD () Delete
Name: GARRISON, RON
Address: 1705 ATZ ROAD
City-St-Zip: MALABAR, FL 32950

Title: TD () Delete
Name: DONATELLI, FRANK
Address: 321 WICKHAM LAKES DR
City-St-Zip: MELBOURNE, FL 32940

Title: VD () Delete
Name: PAYNE, LARRY R
Address: 387 NIKOMAS WAY
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: SD () Delete
Name: NIES, TERRY C
Address: 2465 WILDWOOD DR
City-St-Zip: MELBOURNE, FL 32935

Title: PD () Delete
Name: ANDERSON, PAUL J
Address: 13832 BUFFING CIR SE
City-St-Zip: PALM BAY, FL 32909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL J ANDERSON

PD

03/19/2007

Electronic Signature of Signing Officer or Director

Date