



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2006 8:00 am**  
**Secretary of State**

07-05-2006 90003 032 \*\*\*\*70.00

<b>DOCUMENT # 759971</b> 1. Entity Name <b>CLASSIC MUSTANGS OF TAMPA, INC.</b>					
Principal Place of Business <b>P.O. BOX 290493 TAMPA, FL 33687-0493</b>			Mailing Address <b>P.O. BOX 290493 TAMPA, FL 33687-0493</b>		
2. Principal Place of Business <b>P. O. Box 260711</b>		3. Mailing Address <b>P. O. Box 260711</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06152006 Chg-NP CR2E037 (4/06)	
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA, FL</b>		4. FEI Number <b>26-4658037</b>	
Zip <b>33685-0711</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BOWERS, KATHY 5707 N. PLESS RD. PLANT CITY, FL 33565</b>		7. Name and Address of New Registered Agent Name <b>LUCY CARROLL</b> Street Address (P.O. Box Number is Not Acceptable) <b>8426 PINWOOD ST.</b> <b>TAMPA, FLORIDA</b> City <b>FL</b> Zip Code <b>33615</b>			
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>Lucy Carroll</i></u> (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">6/16/06</span>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOWERS, KATHY 5707 PLESS RD. PLANT CITY, FL	<input checked="" type="checkbox"/> Delete	TITLE T/D NAME STREET ADDRESS CITY-ST-ZIP	LUCY CARROLL 8426 PINWOOD ST. TAMPA, FLORIDA 33615	Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, ROBERT 17827 WILLOW LAKE DR ODESSA, FL 33556	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MARK MORLEY 10315 SPRINGROSE DR., TAMPA, FL 33626	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARKER, HARRY 4609 S MATANZAS TAMPA, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D CHRIS MEYER 146100 BRENTWOOD PL., TAMPA, FL 33618	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSSOTA, FRANK 15603 KINGS PKWAY TAMPA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D JONATHON POWELL 1600 VILLA CAPRI CRL, ODESSA, FL 33556	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RILEY, KEVIN 9805 WOODBAY DR TAMPA, FL 33626	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEVIN RILEY 10106 SADLER WAY, TAMPA, FL 33626	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LASETA, MARK 116 TEN OAK PLACE VALRICO, FL 33594	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRY BARKER 10440 LAMSON RD., DADE CITY, FL 33525	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
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 life empowered.					
<b>SIGNATURE:</b> <u>LUCY CARROLL <i>Lucy Carroll</i></u> <span style="float: right;">6/16/06 (813) 884-8736</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					

ATTACHMENT

6/16/06

40097919

MUSTANG CLUB OF TAMPA, INC  
(FORMERLY CLASSIC MUSTANGS OF TAMPA, INC) #759971

BOARD OF DIRECTORS

JAMES CARROLL  
8426 PINWOOD ST. TAMPA, FLORIDA 33615

MARK LASOTA  
116 TEN OAK PLACE, VALRICO, FL 33594

DANNY LEWIS  
BILL CURRIE FORD  
5815 DALE MABRY, TAMPA, FL 33614

RENE MONJE  
8919 OREN AVENUE, TAMPA, FL 33614

DANIEL WINSHIP  
3415 BLAYTON ST., HOLIDAY, FL 34690

JEFF DEATON  
10504 GOLDWATER LANE, RIVERVIEW, FL 33569