

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 763969

1. Entity Name
SPACE COAST STREET RODS, INC.



Principal Place of Business
P.O. BOX 560101
ROCKLEDGE, FL 32956

Mailing Address
P.O. BOX 560101
ROCKLEDGE, FL 32956

FILED
Feb 07, 2005 08:00 AM
Secretary of State



01192005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2465196

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRUMBACH, PHILLIP A
635 FORD CIRCLE WEST
MELBOURNE, FL 32935

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAUMBACH, PHILIP A 635 FORD CIR W. MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCPHERSON, DAVE 680 JACKSON CT. SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALDRIDGE, CLYDE 25448 BARTHOLOMEW ST. CHRISTMAS, FL 32709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAREY, GRACE 2980 PENNSYLVANIA ST. WEST MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000219128
02/08/05-80015-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Phillip A. Brumbach* **PHILLIP A. BAUMBACH** *1/20/05* *321-853-5881*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #