


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Sep 06, 2005 08:00 AM  
Secretary of State

DOCUMENT # 837442 1. Entity Name NATIONAL HOT ROD ASSOCIATION, INC.	
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Principal Place of Business 2035 FINANCIAL WAY GLENORA, CA 91741 US	Mailing Address P.O. BOX 5555 GLENORA, CA 91741 US
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**DO NOT WRITE IN THIS SPACE**



08232005 No Chg-NP CR2E037 (10/03)

4. FEI Number 95-1686172	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

JONES, RICHARD T.  
408 W UNIVERSITY AVE  
STE 500  
GAINESVILLE, FL 33601

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by September 7, 2005	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	CD GARDNER, DALLAS 2035 FINANCIAL WAY GLENORA, CA 91741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WELLS, DICK 2035 FINANCIAL WAY GLENORA, CA 91741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKS, WALLY 2035 FIANANCIAL WAY GLENORA, CA 91741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JONES, RICHARD T. 408 W UNIVERSITY AVE STE 500 GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD COMPTON, TOM 2035 FINANCIAL WAY GLENORA, CA 91741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIFFORD, PETER 2035 FINANCIAL WAY GLENORA, CA 91741

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09/07/05-80007-007 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: TR R Com 8/29/05 626 9145481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #