2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2005 08:00 AM Secretary of State

DOCUMEN 1 # J865/3 1. Enlity Name VINTAGE CARS OF TITUSVILLE, INC.				Sec	retary of State
Principal Place of Business 3000 CHENEY HWY TITUSVILLE, F 32780 US		Mailing Address PO BOX 5729 TITUSVILLE, FL 32783 US		A SUBMIND WINT COLUMNIANT WHILE SOUTH SUBDECTION AS	DIA BARIN BIBAH BIBAH BARIN BIBAH BARI A 1880.
DO NOT WRITE IN THIS SPACE				01262005 No Chg-P 4. FEI Number 59-2963893 5. Certificate of Status Desired	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
5. Name and Address of Current Registered Agent					
MCCOTTER, C R III 3000 CHENEY HIGHWAY TITUSVILLE, FL 32780				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 registored agent and title if applicable. (NOTE: Registered Agent signature required when renatating) DATE					
				00 May Be ed to Fees U000003	108063 1081-001 150 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MCCOTTER, C R III 3000 CHENEY HIGHWAY TITUSVILLE, FL 32780	DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the second s	The second secon	= ·	IN THIS SPA	ACE
NAME STREET ADDRESS CITY-ST-ZIP		·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			or and the second se	·
12. I hereby certify that the information supplied with this filling 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 drustee empowered to execute this report as required by Chapter 607, 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: CRANGE AND TYPED ON PRINTED NAME OF STORMAN OFFICER OF DIRECTOR Date Days Phone #					
C.R. mc Catter, 111					