FILED
Feb 13, 2006 08:00 A
Secretary of State

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000007072

1. Entity Name
THE ORLANDO JEEP CLUB OF FLORIDA, INC.

Principal Place of Business	Mailing Address
PMB 134 10151 UNIVERSITY BLVD ORLANDO, FL 32817	P.O. BOX 678430 ORLANDO, FL 32867-8430

DO NOT WRITE IN THIS SPACE

01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3604085
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRANKLIN, ARTES E
18912 NEWBURG ST
ORLANDO, FL 32833

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARTES, FRANKLIN E
STREET ADDRESS	PMB 134 10151 UNIVERSITY BLVD
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	SD
NAME	DAY, JAMES
STREET ADDRESS	1217 EDGEWOOD RANCH RD
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	VD
NAME	ENZOR, MIKE
STREET ADDRESS	1158 S COOPER DR
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	TD
NAME	RARIDEN, GEORGE
STREET ADDRESS	1035 MANCHESTER CIR
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/06-80071-018 61.25

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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 like empowered.

SIGNATURE: [signature] Franklin E. Artes 1/16/06 407 658-4848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #