## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 29, 2004 8:00 am

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DOCUMENT # N0100008462  1. Entity Name CRUISIN' CORVETTES OF TALLAHASSEE, INC.				03-29-2004 90067 001 ****61.25						
2907 KERRY FOREST PARKWAY 290			lailing Address 2907 KERRY FOREST PARKWAY FALLAHASSEE, FL 32308		4 ( <b>82</b> )//di w// arra	· 11511 25117 6814 26	114 <b>68</b> 111 mm:m> res			
2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02242004 <sub>C</sub>	hg-NP	CR2E03	37 (10/03)		
City & State		City & State			4. FEI Number 59-352663	38		<b>—</b>	oplied For	
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired		\$8.75 Add Fee Require	ditional	
	6. Name and Address of Current i	Registered Agent			7. Name and Add	iress of New F	Registered A	\gent		
WEBB, BRIAN S			Name	Name						
	RY FOREST PARKWAY SSEE, FL 32308		Street Address (		P.O. Box Number is	Not Acceptable	e) 			
			City				FL	Zip Cod	θ	
The above named entity submits this statement for the purpose of changing its registered office or registered ag						the State of Flo	. –	amiliar with,	and accept	
the obligat	tions of registered agent.									
SIGNATURE .										
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SIGIVATORIE.	Signature, typed or printed name of registered agent a	ind title # applicable. (NOTE: I	Registered Agent signat	ure required	when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE			
SIGIVATORIE.	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2004	nd title # applicable. (NOTE: I  9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees		DATE lake check ide Depart			
10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be	Flor	lake check ide Depari	lment of St	tate	
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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.

GNATURE AND TYPED OR PRINTED NAME OF SIGNSING OFFICER OR DIRECTOR SIGNATURE: Mayee D