


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90070 036 \*\*\*\*61.25

<b>DOCUMENT # N01000008462</b> 1. Entity Name <b>CRUISIN' CORVETTES OF TALLAHASSEE, INC.</b>					
Principal Place of Business 2907 KERRY FOREST PARKWAY TALLAHASSEE, FL 32308			Mailing Address 2907 KERRY FOREST PARKWAY TALLAHASSEE, FL 32308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3526638	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CULPEPPER, ANNE 5217 SULLIVAN RD TALLAHASSEE, FL 32310				Name <b>Beverly Blankenship</b> Street Address (P.O. Box Number is Not Acceptable) <b>3139 Hutterfield Cir</b> City <b>Tallahassee</b> FL <b>32303</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLANKENSHIP, BEVERLY		NAME		
STREET ADDRESS	3139 HUTTERFIELD CIR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HINSON, BOBBY		NAME	VP Andrew Gibbens	
STREET ADDRESS	6721 WALDEN CIR		STREET ADDRESS	3971 Camino Real	
CITY-ST-ZIP	TALLAHASSEE, FL 32317		CITY-ST-ZIP	Tallahassee, FL 32311	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CULPEPPER, ANNE		NAME	DT Amber Dyess	
STREET ADDRESS	5217 SULLIVAN RD		STREET ADDRESS	1795 Lakewood Dr	
CITY-ST-ZIP	TALLAHASSEE, FL 32310		CITY-ST-ZIP	Cairo, Ga 39828	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <u>Amber Dyess</u> <b>Amber Dyess</b> <u>4/8/06 (229) 226-0011</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					