

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008462

FILED  
Mar 13, 2011  
Secretary of State

**Entity Name:** CRUISIN' CORVETTES OF TALLAHASSEE, INC.

**Current Principal Place of Business:**

3539 APALACHEE PKWY., STE 3, BOX 219  
TALLAHASSEE, FL 32311

**New Principal Place of Business:**

2907 KERRY FOREST PARKWAY  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

3539 APALACHEE PARKWAY  
SUITE #3, BOX 219  
TALLAHASSEE, FL 32311

**New Mailing Address:**

P. O. BOX 15762  
TALLAHASSEE, FL 32317

**FEI Number:** 59-3526638

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLANKENSHIP, BEVERLY  
3139 HUTTERFIELD CIRCLE  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

SOBCZAK, RUSSELL  
3215 ENTERPRISE DRIVE  
TALLAHASSEE, FL 32312 US

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.

SIGNATURE: RUSSELL SOBCZAK

03/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SOBCZAK, RUSSELL  
Address: 3215 ENTERPRISE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP  
Name: CHADBOURNE, LEE  
Address: 4055 MCLAUGHLIN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: DT  
Name: DYESS, AMBER  
Address: 1795 LAKEWOOD DR  
City-St-Zip: CAIRO, GA 39828

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AMBER M. DYESS

DT

03/13/2011

Electronic Signature of Signing Officer or Director

Date