


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90117 043 ****61.25

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| DOCUMENT # N04000000275 |  |
| 1. Entity Name CITRUS COUNTY CORVETTE CLUB, INC. | |

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| Principal Place of Business POST OFFICE BOX 641012 BEVERLY HILLS, FL 34464 | Mailing Address POST OFFICE BOX 641012 BEVERLY HILLS, FL 34464 |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



01092007 Chg-NP CR2E037 (12/06)

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| 4. FEI Number 30-0064320 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent COOPER, HARRY 6885 N. BEECHNUT LOOP HERNANDO, FL 34442 <i>Delete</i> |
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| 7. Name and Address of New Registered Agent Name <u>KETTENACKER, CARL</u> Street Address (P.O. Box Number is Not Acceptable) <u>3853 W. BLACK DIAMOND CIRCLE</u> City <u>LECANTO</u> FL Zip Code <u>34461</u> |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P COOPER, HARRY POST OFFICE BOX 1539 HERNANDO, FL 34442 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP KETTENACKER, CARL 3853 W. BALCK DIAMOND CIRCLE LECANTO, FL 34461 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ALDEN, JUDY 5971 ROSEBARK WAY BEVERLY HILLS, FL 34465 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MALM, DALE 4363 N. SACRAMENTO AVE BEVERLY HILLS, FL 34465 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KISSELL, MORT 4642 W. PIUTE BEVERLY HILLS, FL 34465 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PROCTOR, BOB 718 W. RUSS LN LECANTO, FL 34461 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT KETTENACKER, CARL 3853 W. BLACK DIAMOND CIRCLE LECANTO, FL. 34461 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V.P. TALMON, ROBERT 6029 W. PINE CIRCLE CRYSTAL RIVER, FL. 34429 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director HALL, OTIS 6161 G Rector St. INVERNESS, FL. 34452 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | GIORDANO, LEONARD (Director) 204 W. VINE ST. INVERNESS, FL. 34450 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer RUEMAN, PAULA 2915 W. HENLEY LANE DUNNELLON, FL. 34433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Carl Kettenacker CARL KETTENACKER 1/17/07 352-527-1687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #