

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2005 8:00 am**  
**Secretary of State**

07-19-2005 90038 015 \*\*\*\*70.00

**DOCUMENT # N04000000641**

1. Entity Name  
**SUNCOAST AUTOMOTIVE TRADES ASSOCIATION, INC.**



Principal Place of Business  
**7015 HWY. 301 SOUTH  
RIVERVIEW, FL 33569**

Mailing Address  
**7015 HWY. 301 SOUTH  
RIVERVIEW, FL 33569**

**50056087**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03072005 Chg-NP

CR2E037 (10/03)

4. FEI Number

**57-1203192**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**AM&E SERVICES LLC  
801 N. MAGNOLIA AVE., STE. 201  
ORLANDO, FL 32803**

7. Name and Address of New Registered Agent

Name **John A BARR**  
Street Address (P.O. Box Number is Not Acceptable)

**7015 U.S. 301 So**  
City **RIVERVIEW** FL Zip Code **33569**

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 **John A. Barr**  
Signature, typed or printed name of registered agent and title if applicable.

**John A. Barr**  
(NOTE: Registered Agent signature required when reinstating)

**7-7-05**  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **GILLESPIE, LARRY**  
STREET ADDRESS **4601 WEST HWY. 60**  
CITY-ST-ZIP **PLANT CITY, FL 33567**

TITLE **VD** ☒ Delete  
NAME **MOORE, TERRY**  
STREET ADDRESS **1119 WEST KENNEDY BLVD.**  
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE **TD** ☒ Delete  
NAME **BARR, JOHN**  
STREET ADDRESS **7015 HWY. 301 SOUTH**  
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE **SD** ☒ Delete  
NAME **BATISTA, MAURICE A**  
STREET ADDRESS **29421 CADDYSHACK LANE**  
CITY-ST-ZIP **SAN ANTONIO, FL 33576**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition  
NAME **Kahn, Neal**  
STREET ADDRESS **578 W. Brandon Blvd.**  
CITY-ST-ZIP **Brandon, FL 33511**

TITLE **VD** ☐ Change ☒ Addition  
NAME **Ledbetter, Michael**  
STREET ADDRESS **3805 US Hwy 301**  
CITY-ST-ZIP **Tampa, FL 33619**

TITLE **TD** ☐ Change ☒ Addition  
NAME **ESTO, RYAN**  
STREET ADDRESS **7015 HWY. 301 SOUTH**  
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Gillespie, Larry**  
STREET ADDRESS **4601 West Hwy 60**  
CITY-ST-ZIP **Plant City, FL 33567**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/05**

Date

**(813) 671-3556**

Daytime Phone #