2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2009
Secretary of State

DOCUMENT# N04000002206

Entity Name: FLORIDA SEDAN, INC.

Current Principal Place of Business:

30 CLARK RD
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

30 CLARK RD
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ISBELLE, BARRY M
1408 CHAPEL RIDGE DR.
OCOEE, FL 34761 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NOLAN, THOMAS D
Address: 30 CLARK RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: V ( ) Delete
Name: ISBELLE, BARRY M
Address: 1408 CHAPEL RIDGE DR.
City-St-Zip: OCOEE, FL 34761

Title: T ( ) Delete
Name: NOLAN, GLYNDA G
Address: 30 CLARK RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: S ( ) Delete
Name: NORTON, WAYNE L
Address: 15620 CROAKER RD.
City-St-Zip: JACKSONVILLE, FL 32226

Title: D (X) Delete
Name: WOLFE, GURDON C
Address: 1818 DORIC DR.
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARRY M ISBELLE V 08/28/2009
Electronic Signature of Signing Officer or Director — Date