2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2005
Secretary of State

DOCUMENT# N04000011803

Entity Name: FLORIDA ELECTRIC AUTO ASSOCIATION INC

Current Principal Place of Business:

8343 BLUE CYPRESS DR
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

8343 BLUE CYPRESS DR
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 51-0172118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAGGONER, SHAWN M
8343 BLUE CYPRESS DR
LAKE WORTH, FL 33467 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: WAGGONER, SHAWN M
Address: 8343 BLUE CYPRESS DR
City-St-Zip: LAKE WORTH, FL 33467

Title: V ( ) Delete
Name: WEXLER, LARRY
Address: 8101 EDEN PARK RD
City-St-Zip: ORLANDO, FL 32810

Title: T ( ) Delete
Name: YOUNG, WILLIAM
Address: 612 INDIAN RIVER AVE
City-St-Zip: TITUSVILLE, FL 32796

Title: S ( ) Delete
Name: WEBBER, HUGH E
Address: 1912 AZALEA AVE
City-St-Zip: WINTER PARK, FL 32792

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHAWN M. WAGGONER P 01/03/2005

Electronic Signature of Signing Officer or Director — Date