## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 06, 2004 8:00 am Secretary of State DOCUMENT # N05883 1. Entity Name 04-06-2004 90031 040 \*\*\*\*61.25 THE FLORIDA INDEPENDENT AUTOMOBILE DEALERS ASSOCIATION, INC. Principal Place of Business Mailing Address 4162 EDGEWATER DRIVE 4162 EAGEWATER DR. ORLANDO FL 32804 ORLANDO FL 32804-2296 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-0801406 Not Applicab Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETERS, LARRY Street Address (P.O. Box Number is Not Acceptable) 4162 EDGEWATER DRIVE ORLANDO FL 32804 City Zip Code 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 accep the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to $\Box$ Trust Fund Contribution. Added to Fees Due By May 1, 2004 Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITI F Change Change V 🚉 Additio MARBAIS, STEVE NAME NAME Marbais, Steve 1207 N. LAKEWOOD AVE STREET ADDRESS STREET ADDRESS 1207 N. Lakewood Avenue OCOEE FL 34761 CITY - ST - ZIP CITY-ST-ZIP Ocoee, FL 34761 TITLE X Delete TITLE ☐ Change ☐ Additio BAKER, GEORGE NAME NAME 2627 HARBOR CIRCLE STREET ADDRESS STREET ADDRESS CLEARWATER FL 33759 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE C - - - - -**C**Hange \_\_\_ Additio SCOTT, DON NAME NAME Scott, Don 5901 S. PINE AVENUE STREET ADDRESS 5901 S. Pine Avenue STREET ADDRESS OCALA FL 34480-7512 CITY-ST-ZIP CtTY-ST-ZiP Ocala, FL 34480-7512 DITLE Delete TITLE ☐ Change ☐ Additio PETERS, LARRY NAME NAME 4162 EDGEWATER DRIVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32804 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Additio ☐ Change NOEGEL, LARRY NAME Goebel, David 1018 N. TEMPLE AVENUE STREET ADDRESS STREET ADDRESS 1975 SW College Road STARKE FL 32091 CITY-ST-ZIP CITY-ST-ZIP Ocala, FL 34474 TITLE Delete TITLE Change Additio Additio POTTS, RICK NAME NAME POTTS, RICK 4329 TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS 4329 Tamiami Trail PORT CHARLOTTE FL 33980 CITY-ST-7IP CITY-ST-ZIP Port Charlotte, FL 33980 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 true employeed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**FILED** 

407/291-8447

Davlime Phone #

Date

LARRY PETERS, Executive VP 4/2/04 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

All other like empowered.

changed, or on an attachment with a