

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90172 026 ****61.25

DOCUMENT # N05883	
1. Entity Name THE FLORIDA INDEPENDENT AUTOMOBILE DEALERS ASSOCIATION, INC.	

Principal Place of Business 4162 EDGEWATER DRIVE ORLANDO FL 32804-2296 US	Mailing Address 4162 EAGEWATER DR. ORLANDO FL 32804 US
---	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
--	--	---------	---------



1st MOORE CR2E037 (10/04)

4. FEI Number 59-0801406	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PETERS, LARRY 4162 EDGEWATER DRIVE ORLANDO FL 32804	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

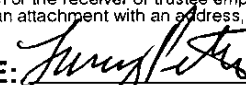
**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARBAIS, STEVE 1207 N. LAKEWOOD AVE OCOE FL 34761 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Marbais, Steve 1207 N. Lakewood Avenue Ocoee, FL 34761 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SCOTT, DON 5901 S. PINE AVENUE OCALA FL 34480-7512 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Kees-Sheridan, Kellie 4200 West Colonial Drive Orlando, FL 32808 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD PETERS, LARRY 4162 EDGEWATER DRIVE ORLANDO FL 32804 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOEBEL, DAVID 1975 SW COLLEGE ROAD OCALA FL 34474 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POTTS, RICK 4329 TAMiami TRAIL PORT CHARLOTTE FL 33980 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Potts, Rick 4329 Tamiami Trail Pt. Charlotte, FL 33980 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **Larry Peters, Executive Vice President** 4/20/05 407/291-8447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #