2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008
Secretary of State

DOCUMENT# N05883

Entity Name: THE FLORIDA INDEPENDENT AUTOMOBILE DEALERS ASSOCIATION, INC.

Current Principal Place of Business:

1840 FIDDLER COURT
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

1840 FIDDLER COURT
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-0801406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETERS, LARRY
1840 FIDDLER COURT
TALLAHASEE, FL 32308 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: C ( ) Delete
Name: KEES, KELLIE
Address: 4200 W. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: P ( ) Delete
Name: MATTON, PAUL
Address: 7751 PARK BOULEVARD
City-St-Zip: PINELLAS PARK, FL 33781

Title: EVP ( ) Delete
Name: PETERS, LARRY
Address: 3116 CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32308

Title: T ( ) Delete
Name: MARBAIS, STEVE
Address: 1207 N. LAKEWOOD AVENUE
City-St-Zip: OCOEE, FL 34761

Title: SVP ( ) Delete
Name: DAVID, COX
Address: 4543 W. HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33614

Title: DE ( ) Delete
Name: ALLEN, MONELLO
Address: 1840 FIDDLER COURT
City-St-Zip: TALLAHASSEE, FL 32398

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: KEES, KELLIE
Address: 4200 W. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: SVP (X) Change ( ) Addition
Name: KAGILLIERY, JIM
Address: 5022 GATE PARKWAY, SUITE 208
City-St-Zip: JACKSONVILLE, FL 32256

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

Title: T (X) Change ( ) Addition
Name: HICKEY, GEORGE
Address: P.O. BIX 10769
City-St-Zip: TAMPA, FL 33679

Title: P (X) Change ( ) Addition
Name: DAVID, COX
Address: 4543 W. HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33614

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: LAWRENCE PETERS EVP 01/25/2008

Electronic Signature of Signing Officer or Director — Date