## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 30, 2007 8:00 am Secretary of State DOCUMENT # N06000009209 1. Entity Name 04-30-2007 90388 017 \*\*\*\*61.25 SOUTHERN CLASSICS VINTAGE VEHICLES INC. Principal Place of Business Mailing Address 3952 ARLINGTON AVE 3952 ARLINGTON AVE MIMS FL 32754 MIMS FL 32754 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For X Not Applicable Zip Country Zip Country \$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 Name QUINN, GEORGE Street Address (P.O. Box Number is Not Acceptable) 3775 DAIRY RD TITUSVILLE FL 32796 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 accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE; Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 MILE ☐ Delete TITLE ☐ Change ☐ Addition HORNE, DON NAME STREET ADDRESS STREET ADDRESS 3952 ARLINGTON AVE CITY-ST-ZIP MIMS FL 32754 C11Y-S1-7IP HILE Delete ☐ Change Addition QUINN, GEORGE NAME STREET ADDRESS 3952 ARLINGTON AVE STREET ADDRESS CITY-SI-7IP MIMS FL 32754 CITY-ST-ZIP ☐ Addition TITLE ☐ Defete THE NAME FRISBEE, KEITH NAME STREET ADDRESS 3952 ARLINGTON AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIMS FL 32754 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TUTLE ☐ Delete THE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

DONALD H. HORNE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

**FILED** 

4-40-07 321-269-5717