## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

TITLE

NAME

STREET ADDRESS

## Jan 18, 2007 8:00 am **Secretary of State DOCUMENT # N11485** 01-18-2007 90093 004 \*\*\*\*61.25 1. Entity Name CLASSIC CORVETTES OF ORLANDO, INC. Principal Place of Business Mailing Address 40005213 5231 RAZOR BACK CT. 5231 RAZOR BACK CT. ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business - No P.O. Box 96 39 PORTOFINO S.R. 01122007 Chq-NP CR2E037 (12/06) 4. FEI Number 59-2444503 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered A 7. Name and Address of New Registered Agent ANTHONY COSCA GOSSELIN, RONALD J 5231 RAZOR BACK CT. Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32819 9629 PORTOFIND 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 THONY COSCHIGNANO Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to П Due by May 1, 2007 🈘 Trust Fund Contribution. Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE TITLE Change GOSSELIN, RONALD ANTHONY COSCHIGNANO NAME 5231 RAZOR BACK CT. STREET ADDRESS 29 PORTAFINO DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIF TITLE Delete TITLE Change ■ Addition CARLSON, RICHARD NAME 10462 LAKE MINNEOLA SHORES STREET ADDRESS 9107 PRISTINE CIR STREET ADDRESS ORLANDO, FL 32818 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change : Addition MARTIN, ERIC NAME NAME 3380 BISCAYNE DR STREET ADDRESS STREET ADDRESS MERRITT ISLAND, FL 32953 CITY-ST-ZIP CHY-ST-ZIP FITLE ☐ Delete TITLE ☐ Change ■ Addition STALLINGS, DONA NAME STREET ADDRESS 4267 OVDICH RD. STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32712 CITY-ST-71P Delete **Change** TITLE Addition HARRELL, SHARON NAME NAME STREET ADDRESS 1538 ANTOINETTE CT STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32765 CITY-ST-ZIP

FILED

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 817, 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.

STREET ADDRESS CITY-ST-7P

TITLE

NAME

Delete

SIGNATURE SIGNATURE SIGNATURE SIGNATURE AND TIPED OR PROVIDED NAME OF BIORRISO OFFICE