2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State
03-10-2008 90059 011 ****61.25

DOCUMENT # N11485

1. Entity Name
CLASSIC CORVETTES OF ORLANDO, INC.

40-

Principal Place of Business	Mailing Address
9629 PORTOFINO DR ORLANDO, FL 32832	9629 PORTOFINO DR ORLANDO, FL 32832

03062008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9629 PORTOFINO DR	9629 PORTOFINO DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State: ORLANDO, FL
Zip: 32832 Country: USA	Zip: 32832 Country: USA

4. FEI Number 59-2444503 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COSCHIGNANO, ANTHONY 9629 PORTOFINO DR ORLANDO, FL 32832	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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	TD COSCHIGNANO, ANTHONY 9629 PORTOFINO DR ORLANDO, FL 32832	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AUGUSTINE, ED 10462 LAKE MINNEOLA SHORES CLERMONT, FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STALLINGS, EUELL 4267 ONDICH RD APOPKA, FL 32712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MERRILL SCHRIMSCHER 285 EAGLET WAY LAKE MARY, FL 32746 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STALLINGS, DONA 4267 OVDICH RD. APOPKA, FL 32712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARY BETH DUFF 14013 COUNTRY ESTATE DR. WINTER GARDEN, FL 34787 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARLSON, LINDA 9107 PRISTINE CIR ORLANDO, FL 32818	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHARON HARRELL 1538 ANTOINETTE CT. OVIEDO, FL 32765 ☐ 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 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 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: Anthony Coschignano ANTHONY COSCHIGNANO 3/6/08 407-249-7106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #