

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11485

FILED
Feb 23, 2009
Secretary of State

Entity Name: CLASSIC CORVETTES OF ORLANDO, INC.

Current Principal Place of Business:

9629 PORTOFINO DR
ORLANDO, FL 32832

New Principal Place of Business:

Current Mailing Address:

9629 PORTOFINO DR
ORLANDO, FL 32832

New Mailing Address:

FEI Number: 59-2444503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSCHIGNANO, ANTHONY
9629 PORTOFINO DR
ORLANDO, FL 32832 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: TD () Delete
Name: COSCHIGNANO, ANTHONY
Address: 9629 PORTOFINO DR
City-St-Zip: ORLANDO, FL 32832

Title: D () Delete
Name: AUGUSTINE, ED
Address: 10462 LAKE MINNEOLA SHORES
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: MERRILL, SCHRIMSCHER
Address: 258 EAGLET WAY
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: DUFF, MARY
Address: 14013 COUNTRY ESTATE DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: HARRELL, SHARON
Address: 1538 ANTOINETTE CT
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: STALLINGS, EUCELL
Address: 4267 ONDICH ROAD
City-St-Zip: APOPKA, FL 32712

Title: D (X) Change () Addition
Name: SCHRIMSCHER, MERRILL
Address: 258 EAGLET WAY
City-St-Zip: LAKE MARY, FL 32746

Title: D (X) Change () Addition
Name: HARRELL, SHARON
Address: 1538 ANTOINETTE COURT
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Change () Addition
Name: PAWLACK, ANITA
Address: 7922 WALKERS CAY AVE.
City-St-Zip: ORLANDO, FL 32822

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: ANTHONY COSCHIGNANO

TD

02/23/2009

Electronic Signature of Signing Officer or Director

Date