

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90046 050 ****61.25

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DOCUMENT # N18060 1. Entity Name CLASSIC CRUISERS CAR CLUB, INC.					
Principal Place of Business 10524 VERSAILLES BLVD. CLERMONT, FL 34711 US				Mailing Address 10524 VERSAILLES BLVD CLERMONT, FL 34711 US	
2. Principal Place of Business 11348 MONTEVISTA Rd. Suite, Apt. #, etc.		3. Mailing Address 11348 MONTEVISTA Rd. Suite, Apt. #, etc.		04052004 Chg-NP CR2E037 (10/03)	
City & State CLERMONT		City & State CLERMONT		4. FEI Number 59-2755063	
Zip 34711		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MADLINE, JOSEPH 10524 VERSAILLES BLVD CLERMONT, FL 34711				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11348 MONTEVISTA Rd City CLERMONT FL Zip Code 34711	
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 <u><i>Joseph E. Madeline Sr.</i></u> DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PVPD MADLINE, JOSEPH E 10524 VERSAILLES BLVD CLERMONT, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRUBER, CHUCK 7961 NORMANDY ST MIRIMAR, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PULLEN, JIM 10915 NW 20 DRIVE CORAL SPRINGS, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Joseph E. Madeline Sr.</i></u> 352 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <u>4-11-04</u> Daytime Phone # <u>242-1249</u>					

Joseph E Madeline Sr.