

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N18060

1. Entity Name
CLASSIC CRUISERS CAR CLUB, INC.



Principal Place of Business
**11348 MONTEVISTA RD.
CLERMONT, FL 34711 US**

Mailing Address
**11348 MONTEVISTA RD.
CLERMONT, FL 34711 US**



04032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2755063

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MADLINE, JOSEPH
11348 MONTEVISTA RD.
CLERMONT, FL 34711**

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVPD
MADLINE, JOSEPH E
11348 MONTEVISTA RD.
CLERMONT, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GRUBER, CHUCK
7961 NORMANDY ST
MIRIMAR, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
PULLEN, JIM
10915 NW 20 DRIVE
CORAL SPRINGS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000493230
04/19/06-80096-015 61.25

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IN THIS SPACE**

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:

Joseph E. Madeline **Joseph E. Madeline** 4-3-06 352-4429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 9239