2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # N18060

1. Entity Name
CLASSIC CRUISERS CAR CLUB, INC.

Principal Place of Business	Mailing Address
11348 MONETVISTA RD. CLERMONT, FL 34711 US	11348 MONETVISTA RD. CLERMONT, FL 34711 US

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04042008 No Chg-NP CR2E037 (4/06)

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

MADELINE, JOSEPH
11348 MONTEVISTA RD.
CLERMONT, FL 34711

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000907757
05/06/08-80001-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	PVPD
NAME	MADELINE, JOSEPH E
STREET ADDRESS	11348 MONTEVISTA RD.
CITY-ST-ZIP	CLERMONT, FL
TITLE	SD
NAME	GRUBER, CHUCK
STREET ADDRESS	7961 NORMANDY ST
CITY-ST-ZIP	MIRIMAR, FL
TITLE	TD
NAME	PULLEN, JIM
STREET ADDRESS	10915 NW 20 DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 4-15-08 352-429-9239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #