2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N43705

1. Entity Name
CLASSIC CAMARO OF CENTRAL FLORIDA INC.

Principal Place of Business	Mailing Address
1779 S ORANGE BLOSSOM TRAIL APOPKA, FL 32703 US	1779 S ORANGE BLOSSOM TRAIL APOPKA, FL 32703 US

01112005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3023292
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALBEE, ALLAN
720 N FORSYTH RD
ORLANDO, FL 32807

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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, 2005

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

000001223586
02/15/05-80002-021 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALBEE, ALLAN
STREET ADDRESS	720 N FORSYTH RD
CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	VD
NAME	RUSSELL, JOHN
STREET ADDRESS	665 SMOKERISE BLVD
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	DS
NAME	STEPHENS, RICHARD
STREET ADDRESS	3112 DENHAM CT
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	DT
NAME	SWOBODZIEN, DOLORES
STREET ADDRESS	1522 BALMY BEACH DR
CITY-ST-ZIP	APOPKA, FL 32703
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 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: _____ Dolores Swobodzien 2/9/05 407 880 8221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #