


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90179 021 ****61.25

DOCUMENT # N43705	
1. Entity Name CLASSIC CAMARO OF CENTRAL FLORIDA INC.	

Principal Place of Business 1779 S ORANGE BLOSSOM TRAIL APOPKA, FL 32703 US	Mailing Address 1779 S ORANGE BLOSSOM TRAIL APOPKA, FL 32703 US
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DO NOT WRITE IN THIS SPACE

03202007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3023292	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~ALBEE, ALLAN~~ *Jim Kelisher*
~~720 N FORSYTH RD~~ *6970 Knightwood Dr.*
~~ORLANDO, FL 32807~~ *Orlando FL 32818*

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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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALBEE, ALLAN <i>Jim Kelisher</i> 720 N FORSYTH RD <i>6970 Knightwood Dr.</i> ORLANDO, FL 32807 <i>Orlando FL 32818</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUSSELL, JOHN <i>DAVID HARBIN</i> 665 SMOKEHOUSE BLVD <i>14409 Roxanne Drive</i> LONGWOOD, FL 32779 <i>Orlando FL 32832</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STEPHENS, RICHARD <i>Tim Niccius</i> 3112 DENHAM CT <i>13508 CR 109th</i> ORLANDO, FL 32825 <i>Lady Lake FL 32759</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SWOBODZIEN, DOLORES 1522 BALMY BEACH DR APOPKA, FL 32703 <i>Same</i>
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: *[Signature]* *D. Swobodzien* 4/10/07. 407 880-8221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #