

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90195 003 ****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

DO NOT WRITE IN THIS SPACE



01212008 No Chg-NP

CR2E037 (4/06)

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

KELIHER, JIM
6970 KNIGHTWOOD DR
ORLANDO, FL 32818

**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 reconstituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KELLEHER, JIM
STREET ADDRESS 6970 KNIGHTWOOD DR
CITY-ST-ZIP ORLANDO, FL 32818 *10532 Bay Lake Road, Groveland, FL 34736*

TITLE VD
NAME HARBIN, DAVID *Tim Nicolas*
STREET ADDRESS 14400 ROXANNE DR
CITY-ST-ZIP ORLANDO, FL 32832 *13508 CR Lot 4, Lady Lake, FL 32159*

TITLE DS
NAME NORRIS, TIM *Gene Ferguson*
STREET ADDRESS 13508 CR Lot 4
CITY-ST-ZIP LADY LAKE, FL 32159 *202 Dogwood Dr, Sanford, FL 32771*

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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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:

D. Swobodzien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. Swobodzien

2/16/08

Date

407 880-8221

Daytime Phone #