2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N43705

Entity Name: CLASSIC CAMARO OF CENTRAL FLORIDA INC.

Current Principal Place of Business:

1779 S ORANGE BLOSSOM TRAIL
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

1779 S ORANGE BLOSSOM TRAIL
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-3023292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELIHER, JIM
6970 KNIGHTWOOD DR
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

KELIHER, JIM
10532 BAY LAKE ROAD
GROVELAND, FL 34736 US

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.

SIGNATURE: 04/07/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KELLEHER, JIM
Address: 10532 BAY LAKE ROAD
City-St-Zip: GROVELAND, FL 34736

Title: VD ( ) Delete
Name: NICOLAS, TIM
Address: 13508 CR. LOT 4
City-St-Zip: LADY LAKE, FL 32159

Title: DS ( ) Delete
Name: NORRIS, TIM
Address: 13508 CR LOT 4
City-St-Zip: LADY LAKE, FL 32159

Title: DT ( ) Delete
Name: SWOBODZIEN, DOLORES
Address: 1522 BALMY BEACH DR
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: FORGUSON, GENE
Address: 202 DOGWOOD DR
City-St-Zip: SANFORD, FL 32159

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOLORES SWOBODZIEN DT 04/07/2009
Electronic Signature of Signing Officer or Director — Date