

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 17, 2005
Secretary of State**

DOCUMENT# N47494

Entity Name: CHARLOTTE CLASSICS & CRUISERS, INC.

Current Principal Place of Business:

11267 SCABREEZE AVE.
PORT CHARLOTTE, FL 33981

New Principal Place of Business:

11267 SEABREEZE AVE.
PORT CHARLOTTE, FL 33981

Current Mailing Address:

11267 SCABREEZE AVE.
PORT CHARLOTTE, FL 33981 US

New Mailing Address:

11267 SEABREEZE AVE.
PORT CHARLOTTE, FL 33981 US

FEI Number: 65-0342124 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEDERER, JOEL O.
2733-B TAMiami TRAIL
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SLAWTER, NELSON
Address: 23154 RUBY AVE.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: DV () Delete
Name: SPENCER, BRUCE
Address: 12427 RAN TERR.
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: DT () Delete
Name: SHIMMELL, LINDA
Address: 11267 SEABREEZE AVE.
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: DS () Delete
Name: SLAWTER, PAT
Address: 23157 RUBY AVE.
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LINDA SHIMMELL

DT

01/17/2005

Electronic Signature of Signing Officer or Director

_____ Date