

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47494

FILED
Jan 06, 2008
Secretary of State

Entity Name: CHARLOTTE CLASSICS & CRUISERS, INC.

Current Principal Place of Business:

7545 TOTEM AVE.
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

7545 TOTEM AVE..
NORTH PORT, FL 34286 US

New Mailing Address:

FEI Number: 65-0342124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: SHIMMELL, LAURA
Address: 11283 SEABREEZE AVE.
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: DV () Delete
Name: SHIMMELL, LES
Address: 11283 SEABREEZE AVE.
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: DT () Delete
Name: BROOKS, DARLENE
Address: 7545 TOTEM AVE..
City-St-Zip: NORTH PORT, FL 34286

Title: DS () Delete
Name: DECASTRO, JANE
Address: 499 VICTORY TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33954

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: DS (X) Change () Addition
Name: BROWN, PATRICIA
Address: 2950 KABBE AVE
City-St-Zip: NORTH PORT, FL 34288

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: DARLENE BROOKS

DT

01/06/2008

Electronic Signature of Signing Officer or Director

Date