

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47910

FILED  
Feb 22, 2005  
Secretary of State

Entity Name: SUN 'N FUN VETTES, INC.

## Current Principal Place of Business:

14716 SAN MARSALA  
TAMPA, FL 33626 US

## New Principal Place of Business:

14722 SAN MARSALA  
TAMPA, FL 33626 US

## Current Mailing Address:

P O BOX 272311  
TAMPA, FL 33688 US

## New Mailing Address:

FEI Number: 59-3112050      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KLINE, STEVE  
17319 SIMMONS RD  
LUTZ, FL 33549 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: VPD ( ) Delete  
Name: CARROLL, CAROL  
Address: 6960 QUAIL HOLLOW BLVD.  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: P ( ) Delete  
Name: KELLY, REX  
Address: 35019 DOLPHIN LAKE DR.  
City-St-Zip: ZEPHRYHILLS, FL 33541

Title: D ( ) Delete  
Name: KLINE, STEVE  
Address: 17319 SIMMONS RD  
City-St-Zip: LUTZ, FL 33549

Title: ED ( ) Delete  
Name: PERKINS, TOM  
Address: 14716 SAN MARSALS CT  
City-St-Zip: TAMPA, FL 33626

Title: S ( ) Delete  
Name: STRANSKU, SUZY  
Address: 28435 GREAT BEND PL  
City-St-Zip: ZEPHYRHILLS, FL 33543

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition  
Name: NEAL, DEBBIE  
Address: 815 AMBASSADOR LOOP  
City-St-Zip: TAMPA, FL 33613

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

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

Title: ED (X) Change ( ) Addition  
Name: PERKINS, TOM  
Address: 14722 SAN MARSALS CT  
City-St-Zip: TAMPA, FL 33626

Title: S (X) Change ( ) Addition  
Name: RANAHAN, DEBBIE  
Address: 14112 FENNSBURY DR  
City-St-Zip: TAMPA, FL 33624

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: STEVE KLINE

D

02/22/2005

Electronic Signature of Signing Officer or Director

Date