

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90064 002 \*\*\*\*61.25

**DOCUMENT # N49901**

1. Entity Name-

**ST. PETERSBURG AUTOMOBILE DEALERS  
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**4804 WINDMILL  
PALM TERRACE NE  
SAINT-PETERSBURG FL 33703**

**4804 WINDMILL  
PALM TERRACE NE  
SAINT-PETERSBURG FL 33703**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-1000579**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GILLESPIE, JAMES R.  
4804 WINDMILL PALM TERRACE NE  
SAINT PETERSBURG FL 33703**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees.**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete  
NAME **E. W. SMITH III**  
STREET ADDRESS **P O BOX 10640 N/A**  
CITY-ST-ZIP **ST. PETERSBURG FL 33733**

TITLE **PD** ☐ Delete  
NAME **LEO, AL**  
STREET ADDRESS **9400 US HIGHWAY 19 N**  
CITY-ST-ZIP **PINELLAS PARK FL**

TITLE **PD** ☐ Delete  
NAME **DOUGLAS, WILLIAM**  
STREET ADDRESS **250 34TH STREET NORTH**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*James R. Gillespie* *James R. Gillespie* 2/12/06 727-522-2597