


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90038 004 ****61.25

DOCUMENT # N94000001757

1. Entity Name
SPRING HILL MUSCLE CAR CLUB OF FLORIDA, INC.



Principal Place of Business 4287 BELLEAIRE DR SPRING HILL, FL 34607 US	Mailing Address 4287 BELLEAIRE DR SPRING HILL, FL 34607 US
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00010660



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01112006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent

NICOLAI, JOE
4287 BELLEAIRE DR
SPRING HILL, FL 34607

7. Name and Address of New Registered Agent

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

Filing 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	D	<input type="checkbox"/> Delete
NAME	PATERNITI, FRANK	
STREET ADDRESS	3401 CULBREATH RD	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	DT	<input type="checkbox"/> Delete
NAME	NICOLAI, JOE	
STREET ADDRESS	4287 BELLAIRE DR	
CITY-ST-ZIP	SPRING HILL, FL 34607	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, GERRY	
STREET ADDRESS	5200 GRIFFIN ROAD	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	DP	<input type="checkbox"/> Delete
NAME	AZZARITI, DANIEL	
STREET ADDRESS	8219 ALHAMBRA CT	
CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUCKER TARA	
STREET ADDRESS	2349 Watersall Dr.	
CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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: Nicolai Date: 2/1/06 Daytime Phone #: (352) 596-2306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR