

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003279

FILED
Jan 12, 2008
Secretary of State

Entity Name: INDEPENDENT DEALERS EQUIPMENT ASSOCIATION, INC.

Current Principal Place of Business:

2547 PARTIN SETTLEMENT RD
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

2547 PARTIN SETTLEMENT RD
KISSIMMEE, FL 34744 US

New Mailing Address:

FEI Number: 59-3253464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, JAMES W
2547 PARTIN SETTLEMENT RD
KISSIMMEE, FL 34744 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: T () Delete
Name: MOORE, JAMES W
Address: 2547 PARTIN SETTLEMENT RD
City-St-Zip: KISSIMMEE, FL 34744 US

Title: P () Delete
Name: KEY, KEVIN
Address: 341 VARDIN ROAD
City-St-Zip: PALATKA, FL 32177 US

Title: VP () Delete
Name: RODRIGUEZ, ROBERT JR
Address: 6613 HIGHWAY 301 S
City-St-Zip: RIVERVIEW, FL 33569 US

Title: S () Delete
Name: TEETER, LINDA
Address: 125 E CRYSTAL LAKE AVE
City-St-Zip: LAKE MARY, FL 32746 US

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 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: JAMES W MOORE

T

01/12/2008

Electronic Signature of Signing Officer or Director

Date