

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004734

FILED  
Apr 18, 2007  
Secretary of State

**Entity Name:** CORVETTES OF CHARLOTTE COUNTY., INC.

**Current Principal Place of Business:**

2315 AARON ST.  
PT. CHARLOTTE, FL 33952

**New Principal Place of Business:**

1901 TAMIAMI TRAIL  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

1145 KENNWOOD AVE  
PORT CHARLOTTE, FL 33948

**New Mailing Address:**

**FEI Number:** 65-0475135      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONATHAN, PORTER L  
1145 KENNWOOD AVE  
PORT CHARLOTTE, FL 33948      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: D ( ) Delete  
Name: BOISVERT, PAUL  
Address: P O BOX 2231  
City-St-Zip: PORT CHARLOTTE, FL 33949

Title: T ( ) Delete  
Name: BUTLER, MARILYN  
Address: 1071 PANACEA BLVD. APT #107  
City-St-Zip: NORTH PORT, FL 34289

Title: D ( ) Delete  
Name: CORDINGLEY, SAM  
Address: 4342 AROBEA AVE  
City-St-Zip: NORTH PORT, FL 34287

Title: D (X) Delete  
Name: PORTER, JON  
Address: 1145 KENWOOD AVE.  
City-St-Zip: PT. CHARLOTTE, FL 33948

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: PORTER, JON  
Address: 1145 KENNWOOD AVE  
City-St-Zip: PORT CHARLOTTE, FL 33948

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARILYN BUTLER

T

04/18/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date