

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000005178**

1. Entity Name  
**AUTOMOTIVE INDUSTRY EDUCATIONAL TRUST, INC.**



Principal Place of Business  
**1515 WELLS ROAD  
ORANGE PARK, FL 32073 US**

Mailing Address  
**1515 WELLS ROAD  
ORANGE PARK, FL 32073 US**



02182005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-7031715</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**GRIFFIN, BARRY W  
1515 WELLS RD  
ORANGE PRK, FL 32073**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	GRIFFIN, BARRY W
STREET ADDRESS	1515 WELLS RD
CITY-ST-ZIP	ORANGE PRK, FL 32073

TITLE	D
NAME	ALLEN, IRA
STREET ADDRESS	7238 ATLANTIC BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32211

TITLE	D
NAME	HOLECHEK, JOHN
STREET ADDRESS	1701 PRUDENTIAL DR
CITY-ST-ZIP	JACKSONVILLE, FL 32207

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Barry W. Griffin* **BARRY W. GRIFFIN, Treasurer 2/18/05 (904) 269-1033**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #