

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90080 008 ****61.25

DOCUMENT # N97000005473

1. Entity Name
**SOUTHEAST DODGE TRUCK DEALERS ADVERTISING
ASSOCIATION, INC.**



Principal Place of Business
**10300 BOGGY CREEK RD
SUITE 110
ORLANDO, FL 32824 US**

Mailing Address
**C/O BEHAR, REID, GREEN CPAS INC.
4 BRADLEY PARK CT
COLUMBUS, GA 31904 US**

24026925



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02092004

Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3473409

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILSON, BOB
11945 N FLORIDA AVE
ORLANDO, FL 33612**

7. Name and Address of New Registered Agent

Name

Myers, Tom

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

Naples Dodge

6381 Airport Pulling Rd

City

Naples

FL

Zip Code

34109

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, 2004**

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 **C** ☐ Delete
NAME **LICINA, PHIL**
STREET ADDRESS **10300 BOGGY CREEK RD SUITE 110**
CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE **D** ☐ Delete
NAME **BRILLANTI, FRED**
STREET ADDRESS **6823 MT ZION BLVD**
CITY-ST-ZIP **MORROW, GA 30260**

TITLE **D** ☐ Delete
NAME **EGOLF, JEFF**
STREET ADDRESS **401 DUNCAN HILL RD**
CITY-ST-ZIP **HENDERSONVILLE, NC 28739**

TITLE **D** ☒ Delete
NAME **WILSON, BOB**
STREET ADDRESS **11945 N. FLORIDA AVE.**
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE **D** ☐ Delete
NAME **AICHER, KEVIN**
STREET ADDRESS **5455 S. UNIVERSITY DRIVE**
CITY-ST-ZIP **DAVIE, FL 33328**

TITLE **D** ☒ Delete
NAME **ODUM, MICHAEL**
STREET ADDRESS **2645 LAURN RD**
CITY-ST-ZIP **GREENVILLE, SC 29607**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Langley, Phil**
STREET ADDRESS **10300 Bogggy Creek Rd Suite 110**
CITY-ST-ZIP **Orlando, FL 32824**

TITLE **D** ☐ Change ☒ Addition
NAME **myers, Tom**
STREET ADDRESS **6381 Airport Pulling Rd.**
CITY-ST-ZIP **Naples, FL 33109**

TITLE **D** ☐ Change ☒ Addition
NAME **Hayes, Mike**
STREET ADDRESS **719 Pike street**
CITY-ST-ZIP **Lawrenceville, GA 30048**

TITLE **D** ☐ Change ☒ Addition
NAME **Coadill, Jim**
STREET ADDRESS **8544 Kingston Pike**
CITY-ST-ZIP **Knoxville, TN 37919**

TITLE **D** ☐ Change ☒ Addition
NAME **Addy, Mike**
STREET ADDRESS **4340 Highway 501 West**
CITY-ST-ZIP **Myrtle Beach, SC 29579**

TITLE **D** ☐ Change ☒ Addition
NAME **Whitehead, Tim**
STREET ADDRESS **123 Plaza Road**
CITY-ST-ZIP **Enterprise, AL 36331**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04

Date

407-826-7021

Daytime Phone #