


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**


03-16-2006 90220 038 \*\*\*\*61.25

<b>DOCUMENT # N97000005473</b>	
1. Entity Name <b>SOUTHEAST DODGE TRUCK DEALERS ADVERTISING ASSOCIATION, INC.</b>	

Principal Place of Business <b>10300 BOGGY CREEK RD SUITE 110 ORLANDO, FL 32824 US</b>	Mailing Address <b>C/O BEHAR, REID, GREEN CPAS INC. 4 BRADLEY PARK CT COLUMBUS, GA 31904 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**50002803**



03072006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3473409</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		7. Name and Address of New Registered Agent	
<b>MYERS, TOM 6381 AIRPORT PULLING RD. NAPLES, FL 34109</b>		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 \_\_\_\_\_ (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. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LICINA, PHIL 10300 BOGGY CREEK RD SUITE 110 ORLANDO, FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRILLANTI, FRED 6823 MT ZION BLVD MORROW, GA 30260 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGOLF, JEFF 401 DUNCAN HILL RD HENDERSONVILLE, NC 28739 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGLEY, PHIL 10300 BOGGY CREEK DR., STE 110 ORLANDO, FL 32824 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AICHER, KEVIN 5455 S. UNIVERSITY DRIVE DAVIE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, TOM 6381 AIRPORT PULLING RD. NAPLES, FL 33109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **3/9/06 407-826-7021**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

~~50002803~~  
~~#N97000005473~~

## ADDITIONAL DIRECTORS:

D  
JIM CODGILL  
8544 KINGSTON PIKE  
KNOXVILLE, TN 37919

D  
FRANK LASATER  
10300 BOGGY CREEK RD  
ORLANDO, FL 32824

D  
MIKE ADDY  
4340 HIGHWAY 501 WEST  
MYRTLE BEACH, SC 29579

D  
MIKE HAYES  
P.O. BOX 745  
LAWRENCEVILLE, GA 30046

D  
TIM WHITEHEAD  
123 PLAZA RD  
ENTERPRISE, AL 36331

D  
JOHN MACK  
10300 BOGGY CREEK RD  
ORLANDO, FL 32824