

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90360 016 \*\*\*\*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**

**40033766**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**% Behar Reid, Brown; Melton**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-3473409**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MYERS, TOM  
6381 AIRPORT PULLING RD.  
NAPLES, FL 34109**

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

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, 2007**

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 **MARTINEZ, LUIS**  
STREET ADDRESS **10300 BOGGY CREEK DR., STE 110**  
CITY-ST-ZIP **ORLANDO, FL 32824**

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

TITLE **D** ☐ Delete  
NAME **MYERS, TOM**  
STREET ADDRESS **6381 AIRPORT PULLING RD.**  
CITY-ST-ZIP **NAPLES, FL 33109**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☒ Addition  
NAME **Aurelio Rivera**  
STREET ADDRESS **1350 West 49th St**  
CITY-ST-ZIP **Hialeah, FL 33012**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Mike Hayes**  
STREET ADDRESS **719 Pike St**  
CITY-ST-ZIP **Lawrenceville, GA 30046**

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

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

TITLE **Director** ☐ Change ☒ Addition  
NAME **Erwin Raphael**  
STREET ADDRESS **10300 Boggy Creek Rd**  
CITY-ST-ZIP **Orlando, FL 32824**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Phil Licina**

Date

**3/7/07**

Daytime Phone #

**407-826-7021**