## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000005473

FILED Feb 25, 2009 Secretary of State

Entity Name: SOUTHEAST DODGE TRUCK DEALERS ADVERTISING ASSOCIATION, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	GGY CREEK R	D				
SUITE 110 ORLANDO	) D, FL 32824	US				
Current Mailing Address:			New Maili	New Mailing Address:		
	AD DEID BDAI	WN & MELTON				
4 BRADLE	EY PARK CT JS, GA 31904	US				
FEI Number	: 59-3473409	FEI Number Applied For ( )	FEI Number Not App	licable ( ) C	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of Nev	w Registered Agent:	
	OM PORT PULLING FL 34109 U					
	e named entity s e of Florida.	submits this statement for the p	purpose of changing	ts registered offic	ce or registered agent, or both,	
SIGNATUI	RE:					
Electronic Signature of Registered Ager			ent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	LICINA, PHIL	Delete CREEK RD SUITE 110 32824	Title: Name: Address: City-St-Zip:	BOWERS, CRAIG	REEK RD SUITE 110	
Title: Name: Address: City-St-Zip:	D () BRILLANTI, FRI 6823 MT ZION I MORROW, GA	BLVD	Title: Name: Address: City-St-Zip:	D (X) C BRILLANTI, FRED 6850 MT ZION BL MORROW, GA 30	VD	
Title: Name: Address: City-St-Zip:	D () EGOLF, JEFF 401 DUNCAN H HENDERSONVI		Title: Name: Address: City-St-Zip:	( )C	hange()Addition	
Title: Name: Address: City-St-Zip:	D () RIVERA, AUREI 1350 WEST 49 HIALEAH, FL 3	TH ST	Title: Name: Address: City-St-Zip:	ADDY, MIKE 4849 HWY 501 W		
Title: Name: Address: City-St-Zip:	D () HAYES, MIKE 719 PIKE ST LAWRENCEVIL	Delete LE, GA 30046	Title: Name: Address: City-St-Zip:	()C	hange()Addition	
Title: Name:	MYERS, TOM	Delete PULLING RD.	Title: Name: Address:	()C	hange()Addition	

I hereby certify that the information supplied with this filing does not qualify 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: CRAIG BOWERS C 02/25/2009