

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 A**  
**Secretary of State**

**DOCUMENT # N98000001696**

1. Entity Name  
**BRANDON AUTO MALL ASSOCIATION, INC.**



Principal Place of Business

POST OFFICE BOX 1993  
LARGO, FL 33779

Mailing Address

POST OFFICE BOX 1993  
LARGO, FL 33779



01032005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3509351**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARBER, CHARLES F  
1550 SOUTH HIGHLAND AVENUE  
CLEARWATER, FL 33767

**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 reissuing)

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	PD
NAME	STONE, J O
STREET ADDRESS	P.O BOX 1993
CITY-ST-ZIP	LARGO, FL 33779
TITLE	VD
NAME	STANLEY, MIKE
STREET ADDRESS	POST OFFICE BOX 850
CITY-ST-ZIP	BRANDON, FL 33509
TITLE	STD
NAME	BARBER, CHARLES F
STREET ADDRESS	1550 SO. HIGHLAND AVENUE
CITY-ST-ZIP	CLEARWATER, FL 33756

000000330754  
04/25/05-80171-0007 61.25

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

J. O. Stone

4/25

105

727-581-3366

Date

Daytime Phone #