

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90162 002 ****61.25

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1. Entity Name
**ANTIQUE AUTOMOBILE CLUB OF AMERICA - RICHEY
REGION, INC.**



Principal Place of Business
**8811 CESSINA DRIVE
NEW PORT RICHEY, FL 34654**

Mailing Address
**8811 CESSINA DRIVE
NEW PORT RICHEY, FL 34654**

DO NOT WRITE IN THIS SPACE



01202006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2345303

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COOK, JAMES A
8811 CESSNA DR
NEW PORT RICHEY, FL 34654**

**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 restate.)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WALKER, JOHN G 13628 LANDERS DRIVE HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V COOK, JAMES A 8811 CESSNA DRIVE NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HAMIL, JUANITA 9714 REX ST HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S REISDORPH, SUE A 10272 RAMBURN CT SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUST, DON 8504 WAGON WHEEL LN BAYONET POINT, FL 34667
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILKA, ROBERT J 9722 REX STREET HUDSON, FL 34669

**DO NOT WRITE
IN THIS SPACE**

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

JAMES A. Cook

2-28-06

Date

727-376-6655

Daytime Phone #