


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000056511
 1. Entity Name
CLASSIC HEADLINES INCORPORATED



Principal Place of Business Mailing Address
3315 WASHINGTON ROAD **3315 WASHINGTON ROAD**
WEST PALM BEACH, FL 33405 US **WEST PALM BEACH, FL 33405 US**

DO NOT WRITE IN THIS SPACE



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number **57-1178081** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FLAVIN, RONALD
3315 WASHINGTON ROAD
WEST PALM BEACH, FL 33405

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00 May Be**
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STAAKE, LENA MARIE
STREET ADDRESS	3315 WASHINGTON ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	V
NAME	POWELL, DANIEL T
STREET ADDRESS	3315 WASHINGTON ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	T
NAME	FLAVIN, RONALD
STREET ADDRESS	3315 WASHINGTON ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/04/06-30110-024 150.00

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 607, 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 empowers.

SIGNATURE: *Ronald Flavin* 4/19/06 561 833-3725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #