


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90020 033 \*\*\*150.00

**DOCUMENT # P03000056511**

1. Entity Name  
**CLASSIC HEADLINES INCORPORATED**



Principal Place of Business      Mailing Address

**CLASSIC HEADLINES, INC.**  
**301 CLEMATIS ST., SUITE 3000**  
**WEST PALM BEACH, FL 33401 US**

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**301 CLEMATIS ST., SUITE 3000**  
**WEST PALM BEACH, FL 33401 US**

00043468



04302008      Chg-P      CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**57-1178081**      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**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ 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**  
**After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>STAAKE, LENA MARIE</b>	
STREET ADDRESS	<b>240 CORNELL DRIVE</b>	
CITY-ST-ZIP	<b>LAKE WORTH, FL 33460</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>FLAVIN, RONALD</b>	
STREET ADDRESS	<b>3315 WASHINGTON ROAD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33405</b>	
TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>DANIEL T. POWELL</b>	
STREET ADDRESS	<b>30080 BLOOMVIEW</b>	
CITY-ST-ZIP	<b>LIVONIA, MI 48152</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 for 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 empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-08      561-833-3225  
Date      Daytime Phone #