

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000140992

FILED
Aug 31, 2009
Secretary of State

Entity Name: CLASSIC CONTRACTING OF VOLUSIA COUNTY INC

Current Principal Place of Business:

1850 KUMQUAT DR
EDGEWATER, FL 32132

New Principal Place of Business:

1850 KUMQUAT DR
EDGEWATER, FL 32141

Current Mailing Address:

PO BOX 1365
EDGEWATER, FL 32132

New Mailing Address:

1850 KUMQUAT DR
EDGEWATER, FL 32141

FEI Number: 20-0424381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLENDORF, MIKE
1850 KUMQUAT DR
EDGEWATER, FL 32141 US

Name and Address of New Registered Agent:

WELLENDORF, MIKE S
1850 KUMQUAT DR
EDGEWATER, FL 32141 US

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.

SIGNATURE: MIKE S WELLENDORF

08/31/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WELLENDORF, MIKE
Address: P O BOX 1365
City-St-Zip: EDGEWATER, FL 32132

Title: VP () Delete
Name: WELLENDORF, DIANE
Address: P O BOX 1365
City-St-Zip: EDGEWATER, FL 32132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WELLENDORF, MIKE S
Address: 1850 KUMQUAT DR.
City-St-Zip: EDGEWATER, FL 32141

Title: VP (X) Change () Addition
Name: WELLENDORF, DIANE
Address: 1850 KUMQUAT DR.
City-St-Zip: EDGEWATER, FL 32141

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE S WELLENDORF

PRES

08/31/2009

Electronic Signature of Signing Officer or Director

Date