

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000168470

Entity Name: CLASSIC CAD DESIGNS, INC.

FILED  
Mar 07, 2009  
Secretary of State

**Current Principal Place of Business:**

10220 BUNCOMBE WAY  
SAN ANTONIO, FL 33576

**New Principal Place of Business:**

**Current Mailing Address:**

10220 BUNCOMBE WAY  
SAN ANTONIO, FL 33576

**New Mailing Address:**

FEI Number: 20-2028104

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEWLON, TIMOTHY  
12620 CURLEY RD  
STE 103  
SAN ANTONIO, FL 33576 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: PUTZ, TOM  
Address: 10220 BUNCOMBE WAY  
City-St-Zip: SAN ANTONIO, FL 33576

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TOM PUTZ

P

03/07/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date