

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000036088

FILED
Apr 15, 2009
Secretary of State

Entity Name: FLORIDA CLASSIC COUNTERTOPS INC.

Current Principal Place of Business:

7000 CREEKWOOD RD
SUIT B
FAIRBURN, GA 30213

New Principal Place of Business:

Current Mailing Address:

7000 CREEKWOOD RD
SUIT B
FAIRBURN, GA 30213

New Mailing Address:

120 YELLOWWOD DR
SHARPBURG, GA 30277

FEI Number: 20-2756579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNER, ANGELA
604 LAUREL ST
PANAMA CITY BEACH, FL 32407 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: P () Delete
Name: KUYKENDALL, RICKEY G JR
Address: 120 YELLOWWOOD DR
City-St-Zip: SHARPEBURGE, GA 30277

Title: SEC () Delete
Name: KUYKENDALL, RICKEY G JR
Address: 120 YELLOWWOOD DR
City-St-Zip: SHARPEBURGE, GA 30277

Title: TRES () Delete
Name: KARR, DAVID
Address: 7000 CREEKWOOD RD
City-St-Zip: FAIRBURN, GA 30213

Title: TRES () Delete
Name: ZACARIAS, JOSE M
Address: 7000 CREEKWOOD RD
City-St-Zip: FAIRBURN, GA 30213

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: RICKEY KUYKENDALL JR

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date