

2008 FOR PROFIT CORPORATION ANNUAL REPORT

9/5/2008-90002-015-\$150.00-\$150.00

FILED

2008 DEC -9 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07162008 Chg-P CR2E034 (12/06)

DOCUMENT # P03000140992 1. Entity Name CLASSIC CONTRACTING OF VOLUSIA COUNTY INC			
Principal Place of Business P O BOX 1365 EDGEWATER, FL 32132		Mailing Address 1515 RIDGE WOOD AVE SUITE A HOLLY HILL, FL 32117	
2. Principal Place of Business - No P.O. Box # 1850 Kurniquat DR.		3. Mailing Address PO Box 1365	
Suite, Apt. #, etc. 8		Suite, Apt. #, etc. 32132	
City & State Edgewater, FL.		City & State Edge Water FL 32132	
Zip 32141		Country Volusia	
4. FEI Number 20-0424381		Applied For (Not Applicable)	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOGUIDICE, JOE 1515 RIDGEWOOD AVENUE HOLLY HILL, FL 32117		7. Name and Address of New Registered Agent Name Mike Wellendorf Street Address (P.O. Box Number is Not Acceptable) 1850 Kurniquat DR. City Edge Water FL 32132	
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 Mike Wellendorf MIKE WELLENDOFF DATE 8-29-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WELLENDOFF, MIKE P O BOX 1365 EDGEWATER, FL 32132	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WELLENDOFF, DIANE P O BOX 1365 EDGEWATER, FL 32132	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.			
SIGNATURE: Mike Wellendorf MIKE WELLENDOFF		Date 8-29-08 Daytime Phone # 386-423-7521	

REINSTATEMENT