

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90013 024 ***150.00

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1. Entity Name

CENTRAL CLASSIC CORP.



Principal Place of Business

16750 SE 54 ST.
RT 2 BOX 1978
OKLAWAHA FL 32179

Mailing Address

16750 SE 54 ST.
RT 2 BOX 1978
OKLAWAHA FL 32179

2. Principal Place of Business

17740 SE 24 ST.

Suite, Apt. #, etc.

3. Mailing Address

17740 SE 24 ST.

Suite, Apt. #, etc.

City & State

SILVER SPRINGS, FL.

Zip

34488

Country

MARION

City & State

SILVER SPRINGS, FL.

Zip

34488

Country

MARION

6. Name and Address of Current Registered Agent

SPERO, MARVIN C

16750 SE 54 ST.
OKLAWAHA FL 32179

17740 SE 24 ST.

SILVER SPRINGS FL 34488

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 MARVIN C. SPERO

Marvin C. Spero

3/31/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SPERO, MARVIN C
STREET ADDRESS 16750 SE 54TH ST
CITY-ST-ZIP OKLAWAHA FL 32179
17740 SE 24 ST. SILVER SPRINGS FL 34488

TITLE SD
NAME SPERO, DELORIS A
STREET ADDRESS 16750 SE 54TH ST
CITY-ST-ZIP OKLAWAHA FL 32179
17740 SE 24 ST. SILVER SPRINGS FL 34488

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: MARVIN C. SPERO *Marvin C. Spero* 3/31/04 3526251948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #