

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90055 011 ***158.75

DOCUMENT # 464835

1. Entity Name
BRATTLOF CLASSIC HOMES, INC.



Principal Place of Business

**7 FLORIDA PARK DRIVE
F
PALM COAST, FL 32137 US**

Mailing Address

**P.O. BOX 351429
P O BOX 351429
PALM COAST, FL 32135-1429 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212008

Chg-P

CR2E034 (12/06)

4. FEI Number
59-1557642

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLALOCK, HOLBROOK & AKEL, P.A.
INDEPENDENT SQAURE, SUITE 2301
JACKSONVILLE, FL 32202**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME THORNHILL, LESLIE B
STREET ADDRESS 4324 OLD A.I.A. SOUTH
CITY - ST - ZIP PALM COAST, FL

TITLE VPSD ☐ Delete
NAME GARDNER, NANCY L
STREET ADDRESS 1004 S FLAGLER AVENUE
CITY - ST - ZIP FLAGLER BEACH, FL 32136

TITLE T ☒ Delete
NAME THORNHILL, DARRYL L
STREET ADDRESS 4324 OLD A1A SOUTH
CITY - ST - ZIP PALM COAST, FL 32137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08

Date

386-445-3044

Daytime Phone #