

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 464835

FILED
Apr 30, 2009
Secretary of State

Entity Name: BRATTLOF CLASSIC HOMES, INC.

Current Principal Place of Business:

7 FLORIDA PARK DRIVE
F
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 351429
P O BOX 351429
PALM COAST, FL 321351429 US

New Mailing Address:

FEI Number: 59-1557642 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CHIUMENTO AND ASSOCIATES, P.A.
4 N. OLD KINGS ROAD, SUITE B
PALM COAST, FL 32137 US

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: MICHAEL CHIUMENTO, III

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THORNHILL, LESLIE B
Address: 4324 OLD A.I.A. SOUTH
City-St-Zip: PALM COAST, FL

Title: VPSD () Delete
Name: GARDNER, NANCY L
Address: 1004 S FLAGLER AVENUE
City-St-Zip: FLAGLER BEACH, FL 32136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LESLIE B. THORNHILL

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date