2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Feb 04, 2008 8:00 am **Secretary of State** DOCUMENT #F57541 02-04-2008 90054 017 ***150.00 CLASSIC GRAPHICS AND PRINTING COMPANY Principal Place of Business Mailing Address 116-B WISTERIA DRIVE 906 S. FRENCH AVENUE SANFORD, FL 32771 US LONGWOOD, FL 32779-4937 US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 920 South Trupical Suite, Apt. #, etc. 01302008 Chg-P CR2E034 (12/06) Applied For City & State 4. FEI Number Island 59-2173542 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEEGHLY, CHARLES M. JR. Street Address (P.O. Box Number is Not Acceptable) 116-B-WISTERIA-DR. 7920 South Tropical Train LONGWOOD, FL 32779 Mersitt Island, A. Zip Code FL 32452 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 (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSD ☐ Delete TITLE Change Addition TITLE BEEGHLY, CHARLES M., JR. NAME ' 7920 South To BRATECHOOLES 116 B WISTERIA DR. -> STREET ADDRESS Merritt Island CITY-ST-ZIP CITY-ST-ZIP LONGWOOD, FL-32457 TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-7IP TITLE ☐ Delete HILE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP ☐ Change Addition ☐ Delete TITLE HILE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CHY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

1-30-08 321-452-1987