

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004320

Entity Name: CLASSY COVERUPS, INC.

FILED
Apr 09, 2004
Secretary of State

Current Principal Place of Business:

1204 E PASS RD
GULFPORT, MS 39507

New Principal Place of Business:

Current Mailing Address:

1204 E PASS RD
GULFPORT, MS 39507

New Mailing Address:

FEI Number: 64-0780713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARRISH, WILLIAM F JR
1201 N LME AVE
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCP () Delete
Name: RYLAND, PEGGY
Address: 911 2ND ST
City-St-Zip: GULFPORT, MS 39501

Title: D () Delete
Name: RYLAND, CHARLES G
Address: 128 LONGWOOD DR.
City-St-Zip: HATTIESBURG, MS 39402

Title: TSD () Delete
Name: RYLAND, CHARLES W
Address: 911 2ND ST
City-St-Zip: GULFPORT, MS 39501

Title: D () Delete
Name: ACHEE, JENNIFER R
Address: 4459 KENDALL CIR
City-St-Zip: GULFPORT, MS 39507

Title: D () Delete
Name: NORTH, LESLIE R
Address: 2307 BROADMOOR PL
City-St-Zip: GULFPORT, MS 39501

Title: VPD () Delete
Name: RYLAND, MARK W
Address: 200 CHESTERFIELD RD.
City-St-Zip: HATTIESBURG, MS 39401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: RYLAND, MARK W
Address: 15-50TH ST.
City-St-Zip: GULFPORT, MS 39507

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLES W. RYLAND

TSD

04/09/2004

Electronic Signature of Signing Officer or Director

Date