

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004320

Entity Name: CLASSY COVERUPS, INC.

FILED  
Apr 11, 2006  
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:

PARRISH, WILLIAM F JR  
1155 OLYMPIA ROAD  
VENICE, FL 34293 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:

04/11/2006

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCP (X) Change ( ) Addition  
Name: RYLAND, PEGGY  
Address: 1204 E. PASS RD.  
City-St-Zip: GULFPORT, MS 39507

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

Title: TSD (X) Change ( ) Addition  
Name: RYLAND, CHARLES W  
Address: 1204 E. PASS RD.  
City-St-Zip: GULFPORT, MS 39507

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

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 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: CHARLES W. RYLAND

T

04/11/2006

Electronic Signature of Signing Officer or Director

Date