

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001948

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** CLASSIC CITY MECHANICAL, INC.

**Current Principal Place of Business:**

220 SMITHONIA ROAD  
WINTERVILLE, GA 30683

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 180  
WINTERVILLE, GA 30683

**New Mailing Address:**

**FEI Number:** 58-1205150

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CALLAHAN, ROGER  
2224 SE CO. RD 219A  
HAWTHORNE, FL 32640 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: CEO ( ) Delete  
Name: GIBSON, TED W  
Address: PO BOX 180  
City-St-Zip: WINTERVILLE, GA 30683

Title: CFO ( ) Delete  
Name: GIBSON, TRENT C  
Address: PO BOX 180  
City-St-Zip: WINTERVILLE, GA 30683

**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:** TRENT GIBSON

CFO

01/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date