

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001804

FILED
Feb 20, 2009
Secretary of State

Entity Name: ARIZONA CLASSIC AUTO & FINANCE CORPORATION

Current Principal Place of Business:

734 W MAIN ST
MESA, AZ 85201

New Principal Place of Business:

Current Mailing Address:

2626 S FEDERAL HWY.
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 86-0798337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTOLINI, ROBERT R
2626 SOUTH FEDERAL HWY
DELRAY BEACH, FL 33483 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: P () Delete
Name: BARTOLINI, ROBERT R
Address: 8602 E VIA DEL SOL DR
City-St-Zip: SCOTTSDALE, AZ 85255

Title: T () Delete
Name: BARTOLINI, JAMES E
Address: 10945 SUNSET RIDGE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP () Delete
Name: BARTOLINI, ROBERT O
Address: 17439 N 100TH PLACE
City-St-Zip: SCOTTSDALE, AZ 85255

Title: S () Delete
Name: HANCE, EDWARD J
Address: 6684 BROOKHURST CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

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:

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: EDWARD J HANCE

S

02/20/2009

Electronic Signature of Signing Officer or Director

Date