


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F99408 1. Entity Name CLASSIC CLEANING CREW, INC.	
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Principal Place of Business 6020 DEACON ROAD UNIT G SARASOTA, FL 34238 US	Mailing Address P.O. BOX 25131 SARASOTA, FL 34277 US
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02172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2223992	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DECKER, TRACY 3751 ALMERIA AVE. SARASOTA, FL SARASOTA, FL 34239

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IN THIS SPACE**

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.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DECKER, L JANE 4514 LAKECREST PL SARASOTA, FL 00000, 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DECKER, JORDAN S 3751 ALMERIA AVE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DECKER, ASHLEY 3304 KENMORE DR SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DECKER, TRACY P.O. BOX 25131 SARASOTA, FL 34277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000263605
03/14/05-80102-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-05 941-979-2001
Date Daytime Phone #