2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State
02-15-2008 90013 009 ***150.00

DOCUMENT # F99408

1. Entity Name
CLASSIC CLEANING CREW, INC.

Principal Place of Business	Mailing Address
6020 DEACON ROAD UNIT G SARASOTA, FL 34238 US	P.O. BOX 25131 SARASOTA, FL 34277 US

66003014

01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-223992
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DECKER, TRACY
3751 ALMERIA AVE.
SARASOTA, FL
SARASOTA, FL 34239

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Tracy J Decker (Pres.) 3-7-2008 941-378-2481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #