

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90294 006 ***150.00

DOCUMENT # G12953

1. Entity Name

CLASSIC BUILDERS OF NORTHWEST.FLORIDA, INC.



Principal Place of Business

3567 EAST COUNTY HIGHWAY 30-A
SANTA ROSA BEACH FL 32459
US

Mailing Address

3567 EAST COUNTY HIGHWAY 30-A
SANTA ROSA BEACH FL 32459
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2259873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUNYON, LYNN
3567 E CO. HWY 30-A
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

4-20-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MUNYON, LYNN
STREET ADDRESS 8203 NORTH LAGOON DR
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

TITLE S ☐ Delete
NAME LAMATTINA, ANNE
STREET ADDRESS 3567 EAST COUNTY HIGHWAY 30-A
CITY-ST-ZIP SEAGROVE BEACH FL 32459

TITLE T ☒ Delete
NAME DEBRUHL, JOHN
STREET ADDRESS 117 TREASURE PALM DRIVE
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME MUNYON, LYNN
STREET ADDRESS 3567 E. CO. HWY 30-A
CITY-ST-ZIP SANTA ROSA BEACH, FL. 32459

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME TOM WAGNER
STREET ADDRESS 462 CLAREON DR.
CITY-ST-ZIP PANAMA CITY BCH., FL. 32413

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

4-20-04 850.231-1440