



2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G12953 1. Entity Name CLASSIC BUILDERS OF NORTHWEST FLORIDA, INC.						12 MAY 21 AM 8:05 	
Principal Place of Business 69 HEWETT PT RD SANTA ROSA BEACH, FL 32459 US				Mailing Address 69 HEWETT PT RD SANTA ROSA BEACH, FL 32459 US			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-2259873				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MUNYON, LYNN P 69 HEWETT PT. RD. 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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
FILE NOW!!! FEE IS \$550.00 Due by September 28, 2012				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MUNYON, LYNN 69 HEWETT PT RD SANTA ROSA BEACH, FL 32459			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100235371691 05/21/12--01004--012 ***150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <u><i>Lynn P. Munyon</i></u>				DATE: <u>5-20-12</u>		E-MAIL ADDRESS: <u>lp.munyon@yahoo.com</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE		E-MAIL ADDRESS	

MAY 2 2012