

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90383 035 \*\*\*150.00

**DOCUMENT # H84838**

1. Entity Name  
**CLASSIC PAINTS, INC.**



Principal Place of Business

Mailing Address

% DONNA M. DUTTON  
1610 CYPRESS DRIVE  
JUPITER, FL 33469

5403 PENNOCK PT. RD.  
JUPITER, FL 33458

% DONNA M. DUTTON  
1610 CYPRESS DRIVE  
JUPITER, FL 33469

5403 PENNOCK PT. RD.  
JUPITER, FL 33458



01152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2612315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DUTTON, DONNA M.

1610 CYPRESS DRIVE  
JUPITER, FL 33469

5403 PENNOCK PT. RD.  
JUPITER, FL 33458

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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

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, 2007 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  
STD  
DUTTON, DONNA M.  
5403 PENNOCK POINT ROAD  
JUPITER, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
DUTTON, LAWRENCE A  
261 MAPLECREST CIR  
JUPITER, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
DUTTON, MCANDREW  
5403 PENNOCK POINT RD  
JUPITER, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

*Donna M. Dutton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONNA M. DUTTON

4/17/07

Date

Daytime Phone #