


FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90038 031 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H85200					
1. Entity Name CLASSIC MEDICAL SUPPLY, INC.					
Principal Place of Business 19900 MONA RD., SUITE 105 TEQUESTA, FL 33469			Mailing Address 19900 MONA RD., SUITE 105 TEQUESTA, FL 33469		
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 59-2596164				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				7. Name and Address of New Registered Agent	
DUMOND, STEVEN S 19900 MONA ROAD #105 TEQUESTA, FL 33469				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable; (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUMOND, STEVEN S.		NAME		
STREET ADDRESS	19791 JASMINE DR.		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUMMOND, STEVEN D		NAME		
STREET ADDRESS	7270 COLUMBINE PLACE NW		STREET ADDRESS		
CITY-ST-ZIP	SEABECK, WA 98380		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUMOND, SHAWN M		NAME		
STREET ADDRESS	3900 COUNTRYLINE RD. #10D		STREET ADDRESS	5834 Tucker Rd	
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP	Jupiter, FL 33468	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Shawn Dumond</u> 2-27-4 561-818-8905					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					