2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State
03-30-2005 90042 045 ***150.00

DOCUMENT # H85200

1. Entity Name
CLASSIC MEDICAL SUPPLY, INC.

50032206

Principal Place of Business	Mailing Address
19900 MONA RD., SUITE 105 TEQUESTA, FL 33469	19900 MONA RD., SUITE 105 TEQUESTA, FL 33469

03142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2596164
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DUMOND, STEVEN S
19900 MONA ROAD
#105
TEQUESTA, FL 33469

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DUMOND, STEVEN S.
STREET ADDRESS	19791 JASMINE DR.
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	V
NAME	DUMMOND, STEVEN D
STREET ADDRESS	7270 COLUBINE PLACE NW
CITY-ST-ZIP	SEABECK, WA 98380
TITLE	S
NAME	DUMOND, SHAWN M
STREET ADDRESS	5836 TUCKER RD.
CITY-ST-ZIP	JUPITER, FL 33468
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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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: Shawn DuMond 3-25-5 561-746-9527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #