


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # J00082 |  |
| 1. Entity Name CLASSIC SCREEN ENCLOSURES INCORPORATED | |

| | |
|--|--|
| Principal Place of Business 5924 CHESWOOD CT ORLANDO, FL 32817 US | Mailing Address 5924 CHESWOOD CT ORLANDO, FL 32817 US |
|--|--|

DO NOT WRITE IN THIS SPACE



07032007 No Chg-P CR2E034 (11/05)

| | |
|--|---|
| 4. FEI Number 59-2792436 | 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

MCINTYRE, MICHAEL P
5924 CHESWOOD CT.
ORLANDO, FL 32817

**DO NOT WRITE
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!!! FEES \$150.00 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|--|---|--|

10. OFFICERS AND DIRECTORS

| | |
|-----------------------|---------------------|
| TITLE | P |
| NAME | MCINTYRE, MICHAEL P |
| STREET ADDRESS | 5924 CHESWOOD CT. |
| CITY-ST-ZIP | ORLANDO, FL 32817 |
| TITLE | VP |
| NAME | MCINTYRE, DEBBIE |
| STREET ADDRESS | 5924 CHESWOOD CT. |
| CITY-ST-ZIP | ORLANDO, FL 32817 |
| 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**

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07/11/07-80006-010 150.00

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, in all of the same empowered.

SIGNATURE:  **7/3/07** **407-671-2624**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #