

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90041 032 ***150.00

DOCUMENT # K46036

1. Entity Name

CLASSIC MOTORING ACCESSORIES, INC.



Principal Place of Business

~~5008 WEST LINEBAUGH~~
~~SUITE 60~~
TAMPA FL 33624

Mailing Address

~~5008 WEST LINEBAUGH~~
~~SUITE 60~~
TAMPA FL 33624

2. Principal Place of Business

5112 W. LINEBAUGH

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

5112 W. LINEBAUGH

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2917070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREIBERG, TERRY
~~5008 WEST LINEBAUGH~~
~~SUITE 60~~
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5112 W. LINEBAUGH

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

Terry Freiberg TERRY FREIBERG

2/09/04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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
D
FREIBERG, TERRY
~~5008 W LINEBAUGH, SUITE 60~~
~~TAMPA FL~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FREIBERG, JAN
~~5008 W LINEBAUGH, SUITE 60~~
TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
5112 W. LINEBAUGH AVE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
5112 W LINEBAUGH AVE

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Terry Freiberg TERRY FREIBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/09/04

Date

813 968 7596

Daytime Phone #