2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045027

Entity Name: CLASSIC CAST, LLC

Current Principal Place of Business:

FILED Mar 25, 2009 Secretary of State

Certificate of Status Desired ()

18235 U.S. HIGHWAY 331 FREEPORT, FL 32439 **Current Mailing Address: New Mailing Address:** 18235 U.S. HIGHWAY 331 FREEPORT, FL 32439

FEI Number Not Applicable ()

New Principal Place of Business:

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRAD CONGLETON CPA, INC. 50 UPTOWN GRAYTON CIRCLE SANTA ROSA BEACH, FL FL US

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.

FEI Number: 20-0464439

SIGNATURE:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

FEI Number Applied For ()

MGRM Title: () Change () Addition () Delete

SCHAFFER, PAUL C Name: Name: Address: 11 POINT JOSIE ROAD Address: FREEPORT, FL 32439 City-St-Zip: City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: SCHAFFER, TERRI L Name: Address: 11 POINT JOSIE ROAD Address: City-St-Zip: FREEPORT, FL 32439 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRAD CONGLETON 03/25/2009