

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AS)

FILED
Mar 15, 2005 8:00 am
Secretary of State

02-03-2005 90042 002 ***150.00

DOCUMENT # L18211 1. Entity Name CLASSIC REALTY, INC.			
Principal Place of Business 1601 W MARION AVE UNIT 203 PUNTA GORDA FL 33950 US		Mailing Address 1601 W MARION AVE UNIT 203 PUNTA GORDA FL 33950 US	
2. Principal Place of Business 1439 SEA FAN DR Suite, Apt. #, etc.		3. Mailing Address 1439 SEA FAN DR Suite, Apt. #, etc.	
City & State PUNTA GORDA FL		City & State PUNTA GORDA FL	
Zip 33950		Zip 33950	
Country USA		Country USA	
4. FEI Number 65-0146439		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 CONTE, LEONARD P. 1601 W. MARION AVE., UNIT 203 PUNTE GORDA FL 33950		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 DPS	NAME CONTE, LEONARD P.	TITLE 	NAME
STREET ADDRESS 1439 SEA FAN DRIVE	CITY-ST-ZIP PUNTA GORDA FL	STREET ADDRESS 	CITY-ST-ZIP
TITLE T	NAME CONTE, LEONARD P.	TITLE 	NAME
STREET ADDRESS 1439 SEA FAN DRIVE	CITY-ST-ZIP PUNTA GORDA FL	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: <i>Leonard P. Conte</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3.09.05 (941) 639-3337 <small>Date Daytime Phone #</small>	

BY HURRICANE
CHARLEY 8.13.04



1st MOORE CR2E034 (10/04)