

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90278 008 ***150.00

DOCUMENT # M49826

1. Entity Name
KLASSIC BUILDING CONTRACTORS, INC.



Principal Place of Business Mailing Address
4400 SW 74TH TERR 4400 SW 74TH TERR
DAVIE, FL 33314 US DAVIE, FL 33314 US

50023004



2. Principal Place of Business 3. Mailing Address
117 Fox Road 117 Fox Road
Suite, Apt. #, etc. Suite, Apt. #, etc.

02112005 Chg-P CR2E034 (10/03)

City & State City & State
Hollywood, FL Hollywood, FL
Zip Country Zip Country
33024 U.S.A. 33024 U.S.A.

4. FEI Number Applied For
59-2789922 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KESSLER, DWIGHT
4400 SW 74TH TERR
DAVIE, FL 33314

Name
Street Address (P.O. Box Number is Not Acceptable)
117 Fox Road
City Hollywood FL Zip Code 33024

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

Dwight Kessler

2-25-05

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME KESSLER, DWIGHT
STREET ADDRESS 4400 SW 74TH TERR
CITY-ST-ZIP DAVIE, FL

TITLE D ☒ Change ☐ Addition
NAME Kessler, Dwight
STREET ADDRESS 117 Fox Road
CITY-ST-ZIP Hollywood, FL 33024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 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:

Dwight Kessler

2-25-05

954 2754189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #