


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90167 024 \*\*\*150.00

<b>DOCUMENT # M49826</b> 1. Entity Name <b>KLASSIC BUILDING CONTRACTORS, INC.</b>			
Principal Place of Business <b>117 FOX RD HOLLYWOOD FL 33024 US</b>		Mailing Address <b>117 FOX RD HOLLYWOOD FL 33024 US</b>	
2. Principal Place of Business <b>105 MADEIRA CT. Suite, Apt. #, etc. ISLAMORADA FL.</b>		3. Mailing Address <b>105 MADEIRA CT. Suite, Apt. #, etc. ISLAMORADA FL.</b>	
City & State <b>33036</b>		City & State <b>33036</b>	
Zip <b>USA</b>		Zip <b>USA</b>	
4. FEI Number <b>59-2789922-</b>		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 <b>KESSLER, DWIGHT 117 FOX RD HOLLYWOOD FL 33024</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 <i>Dwight Kessler</i> <b>2-28-06</b> <small>Signature of registered agent and provided name of registered agent and date of application (NOTE: Registered Agent signature required when re-registering) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>KESSLER, DWIGHT 117 FOX RD HOLLYWOOD FL 33024</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 recipient of the trust 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>Dwight Kessler</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3-20-06</b> <sup>305</sup> <b>5172909</b> <small>Date Daytime Phone #</small>	



ATTACHMENT

66807028

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2006

KLASSIC BUILDING CONTRACTORS, INC.  
105 MADEIRA CT  
ISLAMORADA, FL 33036 US

Subject: **KLASSIC BUILDING CONTRACTORS, INC.**

Reference Number: **M49826**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH  
ANNUAL REPORTS SECTION