2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 11, 2005 8:00 am Secretary of State DOCUMENT # P01000051413 1. Entity Name 02-11-2005 90032 037 ***150.00 CLASSIC INTERIORS OF GULF BREEZE, INC. Principal Place of Business Mailing Address 3057 GULF BREEZE PKWY GULF BREEZE FL 32563 P.O. BOX 273 GULF BREEZE FL 32562 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3724624 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired b. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ----LANE, LONNIE Street Address (P.O. Box Number is Not Acceptable) 3057 GULF BREEZE PKWY **GULF BREEZE FL 32561** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Detete TITLE Addition COOK, KABEN NAME 3051 GULT BREEZE PKWY. STREET ADDRESS STREET ADDRESS GULF BREEZE FL 32561 CITY-ST-7IP CITY-ST-ZIP Delete Change ☐ Addition LANE, LONNIE NAME NAME 8051 GULF BREEZE PKWY. STREET ADDRESS STREET ADDRESS GULF BREEZE FL 32561 CITY-ST-7IP CITY-ST-7IP COOK KAREN TITLE Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS Gulf Breeze, Fl 32501 CITY-ST-ZIP CITY-ST-7IP TITLE Change Addition LANE, LONNIE 751 Pensacola BeachBlud NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P 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

FILED

Date

Daytime Phone #