

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90054 042 ***150.00

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1. Entity Name

CLASSIC INTERIORS OF GULF BREEZE, INC.



Principal Place of Business

3057 GULF BREEZE PKWY
GULF BREEZE FL 32563

Mailing Address

P.O. BOX 273
GULF BREEZE FL 32562



2. Principal Place of Business - No P.O. Box #

731 Pensacola Beach Blvd PO Box 273

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Pensacola Beach FL

City & State

Gulf Breeze FL

4. FEI Number

59-3724624

Applied For
Not Applicable

Zip

32561

Country

Escambia

Zip

32562

Country

San Juan

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANE, LONNIE
3057 GULF BREEZE PKWY
GULF BREEZE FL 32561

7. Name and Address of New Registered Agent

Name

Karen Cook

Street Address (P.O. Box Number is Not Acceptable)

731 Pensacola Beach Blvd

Pensacola Beach

City

FL

Zip Code

32561

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)

DATE

2/6/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
	COOK, KAREN	731 PENSACOLA BEACH BLVD	GULF BREEZE FL 32561	☐
	LANE, LONNIE	751 PENSACOLA BEACH BLVD	PENSACOLA BEACH FL 32561	☐
				☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
		731 Pensacola Beach Blvd		☐
		Pensacola Beach	Fla - 32561	☐
				☐
				☐
				☐
				☐

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

2/6/07