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

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box # 731 Pensacola Beach Blvd
Suite, Apt. #, etc.

3. Mailing Address PO Box 273
Suite, Apt. #, etc.

City & State Pensacola Beach, Fl
Zip 32561 Country Escambia

City & State Gulf Breeze, Fl
Zip 32562 Country Santa Rosa

4. FEI Number 59-3724624 ☐ Applied For ☐ Not Applicable

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
City Pensacola Beach 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 _____ DATE 2/6/07
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
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
D	COOK, KAREN	~~131 NANDINA~~	~~GULF BREEZE FL~~ 32561	☐
D	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: _____ Date 2/6/07 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR