


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90012 001 \*\*\*150.00

<b>DOCUMENT # P01000053128</b> 1. Entity Name <b>CLASSIC CAR CONNECTIONS, INC.</b>	
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Principal Place of Business <b>11440 LAKE SHORE DRIVE COOPER CITY, FL 33026</b>	Mailing Address <b>11440 LAKE SHORE DRIVE COOPER CITY, FL 33026</b>
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**54062949**



07062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1125060</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**GAINES, DAVID  
11440 LAKE SHORE DRIVE  
COOPER CITY, FL 33026**

**DO NOT WRITE  
IN THIS SPACE**

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 *David Gaines*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 7/16/04

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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	PD GAINES, DAVID 11440 LAKE SHORE DRIVE COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GAINES, JOANNE 11440 LAKE SHORE DRIVE COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *David Gaines*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/16/04 (954) 432-5262

Attachment

54062549

# 001000053128

**CLASSIC CAR CONNECTION, INC.  
10440 LAKESHORE DRIVE  
COOPER CITY, FL 33026**

July 6, 2004

Uniform Business Report  
Division of Corporations  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

**RE: CLASSIC CAR CONNECTION, INC.  
FEIN# 65-1125060**

Dear Sir or Madam:

Enclosed please find a Uniform Business Form for Classic Car Connection, Inc. The company never received the UBR Card for 2004. I called your office to discuss this problem. Pursuant to that conversation I am respectfully asking for an abatement of penalties. Also please find enclosed a check in the amount of \$ 150 for the year 2004.

I want to thank you for all of the help that was given to me. If you have any questions, please contact me at the above address.

Very Truly Yours,



David Gaines

enclosed  
Ww/ubr/ UBR LTR 2004 Classic Car Con.