

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90079 043 ***150.00

DOCUMENT # P01000073095					
1. Entity Name FALL CLASSIC, INC.					
Principal Place of Business 658 W INDIANTOWN ROAD SUITE 211 JUPITER, FL 33458			Mailing Address 658 W INDIANTOWN ROAD SUITE 211 JUPITER, FL 33458		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1141303	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MCDOW, JAMES M 658 W INDIANTOWN ROAD SUITE 211 JUPITER, FL 33458					
7. Name and Address of New Registered Agent					
Name <u>JAMES McDOW</u>					
Street Address (P.O. Box Number is Not Acceptable)					
<u>403 W RIVERSIDE DR.</u>					
City <u>TEQUESTA</u>					
State <u>FL</u>					
Zip Code <u>33469</u>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDOW, JAMES M 18571 MISTY LAKE DRIVE JUPITER, FL 33458				
	<input type="checkbox"/> Delete				
	<input type="checkbox"/> Delete				
	<input type="checkbox"/> Delete				
	<input type="checkbox"/> Delete				
	<input type="checkbox"/> Delete				
	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u>JAMES McDOW</u> JAMES McDOW					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <u>1-14-05</u>					
Daytime Phone # <u>561-662-4124</u>					